

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report January 24, 2020

Auditor Information

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Mailing Address: P. O. Box 43	City, State, Zip: Seneca, KS 66538
Telephone: 785-294-0830	Date of Facility Visit: December 9 – 11, 2019

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Missouri Department of Corrections		State of Missouri	
Physical Address: 2729 Plaza Drive		City, State, Zip: Jefferson City, MO 65102	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: http://docintranet.ads.state.mo.us/Division/OD/PREA.htm			

Agency Chief Executive Officer

Name: Anne Precythe	
Email: Anne.Precythe@doc.mo.gov	Telephone: 573-526-6607

Agency-Wide PREA Coordinator

Name: Vevia Sturm	
Email: Vevia.Sturm@doc.mo.gov	Telephone: 573-522-3335
PREA Coordinator Reports to: Matt Briesacher, Office of Professional Standards	Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility: Boonville Correctional Center

Physical Address: 1216 E Morgan

City, State, Zip: Boonville, MO 65233

Mailing Address (if different from above):
Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

☐

Military

☐

Private for Profit

☐

Private not for Profit

☐

Municipal

☐

County

☒

State

☐

Federal

Facility Type:

☒

Prison

☐

Jail

Facility Website with PREA Information: <http://docintranet.ads.state.mo.us/Division/OD/PREA.htm>

Has the facility been accredited within the past 3 years? ☐ Yes ☐ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐

ACA

☒

NCCHC

☐

CALEA

☐

Other (please name or describe: Click or tap here to enter text.

☐

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
No

Warden/Jail Administrator/Sheriff/Director

Name: Rebecca Ehlers

Email: Rebecca.Ehlers@doc.mo.gov

Telephone: 660-882-6521, ext. 101

Facility PREA Compliance Manager

Name: Rick Skaggs

Email: Rick.Skaggs@doc.mo.gov

Telephone: 660-882-6521, ext. 104

Facility Health Service Administrator ☐ N/A

Name: Marilyn Russell

Email: Marlilyn.Russell@doc.mo.doc

Telephone: 660-882-6521, ext. 163

Facility Characteristics		
Designated Facility Capacity:	1382	
Current Population of Facility:	1095	
Average daily population for the past 12 months:	1285	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18 to over 65	
Average length of stay or time under supervision:	7 months	
Facility security levels/inmate custody levels:	C-1 Minimum	
Number of inmates admitted to facility during the past 12 months:	2033	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	2016	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1974	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	278	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	76
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	1 – Corizon
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	25
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	33
Physical Plant	
Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	31
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	12
Number of single cell housing units:	1 (only 2 single cells)
Number of multiple occupancy cell housing units:	12
Number of open bay/dorm housing units:	11
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	48 double bunk, 2 single)
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams		
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)	
Investigations		
Criminal Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	10	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	
Administrative Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	10 Agency, 2 facility	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

PRE-AUDIT

A Notice of PREA Audit was sent to Boonville Correctional Center (BCC) on October 28, 2019 via the Site Coordinator, Rick Skaggs, and the Missouri Department of Corrections Statewide PREA Coordinator, Vevia Sturm. Notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditor and advised staff and offenders that the onsite portion of the PREA audit will be conducted on December 9 – 11, 2019. At this time, this Auditor requested the pre-audit questionnaire (PAQ) be sent to during the week of November 11, 2019.

On November 12, 2019, this Auditor received a flash drive containing BCC's Pre-Audit Questionnaire. The flash drive contained department and agency policies, curriculum and other supporting documentation. The files were divided up by standard and were easy to read and navigate.

The Auditor reviewed the provided documentation and began completing the Auditor's Compliance Tool to determine a baseline for compliance and to formulate questions for the onsite portion of the audit.

On December 3, 2019, a tentative agenda for the PREA audit was sent the Site Coordinator and the PREA Coordinator for MDOC. This agenda outlined the when the auditing would be on site, the types of staff and inmates that would be interviewed and when the audit would conclude. The Site Coordinator was advised of which specialized staff would be interviewed as well as which specialized inmate populations would be interviewed.

ONSITE

The Auditor was greeted and given a history and the layout of the facility by Warden Rebecca Ehlers and Deputy Warden (Site Coordinator) Rick Skaggs as well as other Executive Team members. After the initial meeting, a detailed tour was provided to the Auditor.

Warden Rebecca Ehler and Site Coordinator Rick Skaggs lead the onsite tour. The tour began with the housing units. The Auditor viewed camera placements, showers/restrooms and observed cross-gendered announcements being made to offenders. PREA reporting information was clearly marked on bulletin boards in each living unit. In all living units toilets and shower stalls all had appropriate coverings. The "Notice of PREA Audit" was also clearly visible throughout the tour.

In addition to the living units, intake, medical area, outside recreation, inside recreation, dining areas, library, programs, and control posts were also toured. PREA reporting information in English and Spanish were found on every bulletin board and were clearly marked.

Immediately after the tour, the Site Coordinator provided the Auditor with staff rosters from all three shifts and provided a list of specialized staff. The Auditor then randomly selected from each shift, as well as established times to interview specialized staff.

The Site Coordinator provided the auditor with housing unit rosters. In reviewing the housing rosters the auditor randomly selected two - four inmates from each unit for random inmate interviews and selected inmates for the targeted protocols. Based on the available inmate population, inmates were selected for the following targeted protocols: Gay & Bisexual and Inmates who Reported Sexual Abuse During the Risk Screening. A total of 44 inmates to be interviewed. A total of 10 inmates refused to be interviewed. When the Auditor attempted to select additional inmates, officers in the housing units advised inmates were refusing to leave the house or talk to the Auditor. BCC provided confidential locations in the training center for the auditing team to interview inmates.

BCC provided appropriate accommodations for the Auditor to conduct inmate and staff interviews. The auditor was given access to staff files, inmate files and any documentation that was requested. Facility staff was great to work with and were very accommodating. The Site Coordinator and Warden were readily available to answer any questions and assist in any way. Staff at BCC was extremely helpful and polite throughout the entire process and escorted the Auditor throughout the facility.

Auditors interviewed a total of 34 inmates that had various lengths of stay. In addition, the Auditor interviewed a total of 31 staff to include the Warden, Mental Health Staff, Human Resources staff, Grievance Officer, Upper Level Supervisors, Intake Staff, Staff who Perform Risk Screening, Volunteers, staff who Monitor Retaliation, members of the Debrief Team, Investigators, as well as random staff from all shifts.

Prior to the exit interview, the Auditor reviewed onsite documentation. There was an exit interview conducted at the end of the site visit.

POST AUDIT

After the onsite portion of the PREA audit, this Auditor reviewed the notes from the tour; all interviews conducted and did another review of the supporting documentation. Work on the final audit report began.

On January 28, 2020, the PREA audit report was submitted to the PREA Resource Center and copies were sent to the Warden and Deputy Warden of BCC, as well as, the statewide PREA coordinator.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Boonville Correctional Center (BCC) is located in Boonville, Missouri. It was constructed in 1889 and is located at the former Missouri Training School for Boys. The facility was transferred to the Department of Corrections on July 1, 1983. BCC consists of 31 buildings. Inmate housing, which consists of 12 housing units, includes two, four, and six person rooms, twelve, sixteen, eighteen and twenty person rooms, twenty-four, twenty-six, twenty-eight and thirty person rooms, thirty-two and thirty-six person rooms, and fifty and sixty person rooms.

BCC receives offenders sentenced to the Missouri Department Corrections. BCC also houses probation/parole returns as well as those offenders sentenced to treatment.

The current population at BCC is 1,095 adult male offenders. During the past 12 months 2,033 offenders have been admitted to this facility. Of this number, 1,974 admitted had a length of stay longer than thirty days. The average age of the current offender populations is 37 with custody level being C-1 (minimum custody).

BCC has 278 employees who have contact with the offender population. This staff is responsible for the security of all buildings located at BCC. In addition to its 278 employees, BCC also has 58 volunteers and individual contractors who are currently authorized to enter the facility. There are 10 investigators across the State of Missouri with two facility investigators at BCC.

BCC is located within a secure perimeter. The facility has the official capacity to house 1,382 offenders.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 2
List of Standards Exceeded: 115.11, 115.64

Standards Met

Number of Standards Met: 42

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: NA

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019 outlines the agencies approach to preventing, detecting and responding to sexual abuse and sexual harassment of individuals confined at all of its' facilities. This same policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment. This mandate can be found on page 5 of this policy. It states, "All department staff members, contractors, or volunteers shall not engage in abuse or sexual harassment of an offender which includes sexual contact with or without the offender's consent. The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation. Staff members shall communicate professionally with all offenders, including gender non-conforming offenders in accordance with institutional services procedures regarding transgender and intersex offenders. Offender sexual abuse by a department staff member is a felony and could result in the requirement to register as a sex offender."

The MDOC Employee Handbook states, "When any employee of the Department has reason to believe that an offender has been abused, the employee must immediately report all pertinent details in writing to the Department Director. Failure to report offender abuse is a class A misdemeanor.

A Department employee who works at a correctional center commits the crime of sexual contact with an offender by having sexual intercourse or deviate sexual intercourse with an offender confined in a correctional center. A probation and parole officer commits the crime of sexual contact with an offender if the officer has sexual intercourse or deviate sexual intercourse with an offender who is under the supervision of the officer. (Deviate sexual intercourse is a very broad term that is not limited to intercourse; it includes other forms of physical contact of a sexual nature.) The offender's consent is not a defense to this crime. Sexual contact with an offender is a class D felony, which carries a maximum sentence of incarceration for four years." (Page 20)

This same policy also provides definitions of prohibited behavior regarding sexual abuse and sexual harassment on pages 2 and 3 under "Definitions" in Section II.

(b) Policy D1-8.13 also designates an upper-level, agency wide PREA Coordinator. Page 5 of this policy states, "To ensure compliance with the Prison Rape Elimination Act (PREA), the department shall employ a full-time PREA manager responsible for implementation and oversight of the department's efforts to prevent, detect, and respond to offender sexual abuse, harassment, and retaliation." The agency wide PREA Coordinator is located in MDOC's Central Office in Jefferson City and reports directly to the Office of Professional Standards, which in turn, reports to the Director of MDOC. The Auditor was provided a copy of MDOC's organizational chart outlining this chain of command.

While the agency wide PREA Coordinator does not directly supervise the 21 PREA Site Coordinators (one PREA Site Coordinator per adult state institutions in Missouri) the agency wide PREA Coordinator communicates regularly with Site Coordinators via meetings and email.

(c) BCC has a designated PREA Site Coordinator as mandated by MDOC policy D1-8.13. Page 5 of this policy states, "Each facility and community confinement facility shall designate a PREA site coordinator who has sufficient time and authority to ensure the facility's compliance with the PREA standards at their assigned facility. The director of the division of adult institutions shall designate a PREA site coordinator at each facility at the level of deputy warden. The division director of the board of probation and parole shall designate a PREA site coordinator at each facility at the level of unit supervisor or higher."

BCC's PREA Site Coordinator is also the Deputy Warden of Offender Management and reports directly to BCC's Warden. The Auditor was provided a copy of BCC's organizational chart outlining this chain of command.

BCC's PREA Site Coordinator reports he has enough time to manage his PREA related responsibilities in addition to his responsibilities as Deputy Warden. He states he uses "leadership walks" to help keep BCC in compliance with the PREA standards. He describes these walks as this, "Management and Supervisors are required to walk through the facility on the regular basis. I use my walks to talk with staff, check posters in the housing units and verify cross-gender announcements are being made."

He reports he takes "immediate action" if he spots areas of non-compliance. He states, "I notify all players involved (Warden, PREA Coordinator, etc.) to let them know what is going on and what we are doing to fix it."

Staff reported the BCC takes zero-tolerance very seriously. Each staff person interviewed knew their roles in responding, preventing and detecting sexual abuse. Inmates interviewed reported PREA information is "everywhere." They also reported they felt staff would take a report of sexual abuse seriously.

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, BCC is found to have exceeded the standard for zero-tolerance.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC does not contract with other agencies/facilities to house inmates assigned to BCC. This was confirmed through interviews with administrative staff and documentation review.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☐ Yes ☐ No ☒ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) ☐ Yes ☐ No ☒ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(c) MDOC policy D1-8.3, Offender Sexual Abuse and Harassment, dated June 14, 2019 states, "The department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The staffing plan shall consider the facility's physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the composition of the offender population, and the prevalence of substantiated and unsubstantiated offender sexual abuse allegations. Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted." (page 6)

BCC's staffing plan is predicated on the average daily population (ADP) of 1382; which is the design capacity of the facility. BCC reported their ADP since their last PREA audit in 2017 was the following: 1351 in 2017, 1224 in 2018 and 1196 in 2019. The facility's administration report BCC has never been over capacity. BCC's current population is 1095.

The Warden states, "The staffing plan for BCC is developed at Central Office and meets the needs of the facility. While we are currently short-staffed, I would like have more."

Central Office does take into consideration generally accepted detention and correctional practices, judicial findings of inadequacy, findings of inadequacy from federal investigative agencies, internal and external oversight bodies, physical plant layout, composition of inmate population, placement of supervisory staff, institutional programs, applicable state and local laws, regulations or standards, and the prevalence of substantiated and unsubstantiated incidents of sexual abuse.

Both the Warden and the PREA Site Coordinator report BCC conducts camera reviews once a year to determine where staff are needed. They advise BCC tracks where incidents happen, review shift summary reports and population in all housing units. This information is provided to the PREA Coordinator through an annual report titled, "The PREA Staffing and Yearly Reporting Implementation Team." The Auditor was provided a copy of 2019 report filed by BCC showing compliance with the staffing plan.

The Auditor reviewed the 2016, 2017, and 2018 PREA Annual Report filed by BCC. These reports cover all sexual abuse and sexual harassment allegations filed in that calendar year, camera monitoring reviews, staffing plan compliance, and any correction action BCC made to maintain compliance with the PREA standards.

While camera and video monitoring are included in BCC's PREA Annual Reports, BCC does file a separate annual report specifically for this topic. The Auditor reviewed reports from 2017, 2018 and 2019.

(b) There have been no deviations from BCC's staffing plan in the past 12 months.

(d) BCC requires intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment of inmates.

MDOC policy D1-8.13 states, "Each institution shall ensure the classifications of lieutenant or above conduct and document unscheduled and unannounced rounds to identify and deter offender sexual abuse and sexual harassment. Each facility shall ensure that rounds occur periodically in all areas of the facility. Staff members shall be prohibited from alerting other staff members that these rounds are occurring. The rounds shall be documented and readily accessible during audits as outlined in the facility's standard operating procedure." (page 6)

SOP20-1.1, Post Orders, dated July 14, 2019 states, "The chief administrative officer (CAO) of each institution shall: ensure post orders for supervisory custody staff members includes language that requires conducting unannounced supervisor rounds, and requires supervisors to record said rounds on the staff member sign-in form, Unannounced supervisor rounds shall occur periodically on each shift in all areas of the facility. ***SOP: The entrance of all captains and lieutenants will be logged on the chronological log for that location. Establish a standard for which the chief of custody audits the post sign-in forms verifying the completion of conducted unannounced supervisor rounds, ***SOP: The chief of custody will be responsible to monitor the documentation of unannounced supervisor rounds monthly. The shift supervisor will be responsible to assign custody supervisors (lieutenant or higher) to make unannounced rounds to all areas of the institution where offenders live or work on an irregular basis to identify and deter sexual abuse and sexual harassment. Each tour will be documented specifically for each shift and forwarded to the deputy warden of offender management no later than the 10th of the following month. Ensure all staff member post orders include a general order prohibiting staff members from alerting each other that unannounced supervisor rounds are occurring, unless such announcement is related to legitimate operational functions of the facility." (Pages 2 -3)

Language requiring unannounced rounds also appears in BCC's post orders for Shift Supervisor (Captain), Assistant Shift Supervisor (Lieutenants) and Housing Unit COI.

The Auditor interviewed three upper-level supervisors; one from each shift. Each supervisor report they are required to check each area of the facility at least once a month. They also report they conduct daily leadership walks and go into the housing units. They report their checks are documented on a spreadsheet with the date, time and their signature, when a check is completed. They also advise they sign into each housing unit when conducting these announced rounds.

The Auditor reviewed random housing units sign in sheets from the following dates: October 2018, November 2018, December 2018, January 2019, February 2019, March 2019, April 2019, May 2019, June 2019, July 2019, August 2019, and September 2019. Unannounced rounds are being conducted on every shift in every housing unit.

Each supervisor reports they have not had an incident where staff were alerted at other housing units when these rounds were conducted. One supervisor states, "There is no way to prevent it. However, we are out and about enough that it is not uncommon for us to show up anywhere at any time."

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, BCC is found to have met the standard for supervision and monitoring.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC does not house youthful inmates. This was confirmed through interviews with administrative and frontline staff, as well as, through the tour of the facility and documentation review.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
☐ Yes ☐ No ☒ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(c) BCC does not allow cross-gender strip searches or cross-gender visual body cavity searches of inmates.

MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019, states, "Cross-gender strip searches are not allowed except in exigent circumstances. All cross-gender strip searches shall be documented as outlined in the institutional services and probation and parole procedures regarding searches." (Page 12)

BCC's SOPD1-8.13 states, "SOP: Female staff will not be present during a strip search or to operate a video camera during a use of force where the offender is undressed unless exigent circumstances exist." (Page 15)

MDOC policy IS20-1.3, Searches, dated November 2, 2019 also states, "Strip searches shall be conducted by staff members of the same gender as the subject of the search, except in exigent circumstances. Exigent

circumstances include: time delaying a search could allow for the destruction of evidence; escape of an offender; endangerment of life, health or property of staff members, offenders, or the public; and emergency movement situations (i.e. crime scene where evacuation of offenders needs to occur immediately and/or a check for weapons. Upon request, offenders who identify as transgender or intersex, will be provided privacy from other offenders when being strip searched. Staff members shall document a cross gender strip search on the cross-gender search form. The shift supervisor shall make all applicable notifications in accordance with standard operating procedures and forward the cross-gender search form to the PREA site coordinator and include a copy to the use of force packet if applicable. The PREA site coordinator shall review the cross-gender search form. If it is determined the search was conducted under non-exigent circumstances, it shall be referred for review and action as deemed appropriate. The PREA site coordinator shall maintain the cross-gender search form and supporting documents for tracking purposes.” (Pages 6 -7)

BCC reports there have been no incidents of cross-gender strip searches or cross-gender visual body cavity searches of inmates since their last PREA audit in 2017. There have been no incidents where medical staff have conducted such searches.

Interviews with inmates confirm this practice.

(b) N/A BCC is a male only facility.

(d) MDOC/BCC has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their buttocks and genitals.

MDOC policy D1-8.13 states, “Offenders shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff members of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks in accordance with, institutional services, and probation and parole procedures regarding searches.” (Page 12)

BCC policy SOPD1-8.13 also states, “Staff members of the opposite gender shall announce their presence prior to entering an offenders housing unit. If an opposite gendered staff member is assigned to the housing unit, the announcement shall be made at the beginning of the shift. If there is no opposite gendered staff member assigned to the housing unit, an announcement shall be made each time an opposite gendered staff member enters the housing unit. Each time a cross gender announcement is made it shall be recorded in the housing unit chronological log. If a circumstance arises to where a cross gender announcement could compromise the safety, security, and good order of the facility, the shift supervisor may declare the circumstances to be exigent and grant the authority to waive the announcement. All exigent circumstances shall be documented by the shift supervisor in the chronological log. To notify hearing impaired offenders of cross gender staff in the housing unit, all housing units should display a sign indicating when a cross gender staff member is present.

***SOP: Housing unit five is designated to house hearing impaired offenders. In order to notify offenders when a female staff member or female visitor is present, a sign will be displayed at the officer's desk. The housing unit officer will be responsible to ensure the sign is displayed when a female staff member or visitor enters the unit and is removed when the female staff member or visitor exits the unit. This procedure will be followed in any housing unit where a hearing-impaired offender is assigned, including the receiving and orientation housing unit. If a staff member of the opposite gender is required to venture past privacy barriers, and no exigent circumstances exist, the staff member shall verbally announce their presence to the offenders and allow the offenders to seek privacy from the staff member viewing the offender's buttocks, breast, or genitalia. ***SOP: Female staff will announce their presence when crossing past privacy barriers in the restroom areas unless exigent circumstances exist.” (Page 15)

The Auditor reviewed random housing unit logs from each unit and found cross gender announcements are being completed on each shift. These announcements are documented as “PREA Announcements” on the

log. The date and time the announcement is made is listed as well as the initial of the officer who made the announcement.

While touring BCC the Auditor heard a cross gender announcement or saw a blue sign in the control window announcing female staff are on duty.

All inmates interviewed reported they either heard the PREA announcement in the morning or saw the blue sign in the control window.

While observing the shower and restroom areas in the housing units, the Auditor found the following:

- In Housing Unit 10, showers and toilets are located in the basement. While the shower area is open with multiple shower heads, it is surrounded by a half wall and a swinging metal door to prevent staff viewing. Toilets have the same set up. This area also has a camera. However, upon viewing the live feed, the Auditor found the camera is focused on the sinks which are separate from the shower and toilet area.
- In Housing Unit 9, showers and toilets are protected by a half wall with additional coverage of frosted glass to be prevent cross-gender viewing. There is swinging half metal door at the entrance to this area. In this housing unit, one wing is designated as the Puppies for Parole wing. This wing consists of two-man cells. Each cell has a toilet located in the front corner of the cell. With the cell door closed, it is difficult to see the toilet from the window. The inmates assigned to this wing use the showers with the rest of the inmates in this unit.
- Housing Unit 7 has the same set up as Housing Unit 9 with the exception of the Puppies for Parole wing.
- Housing Unit 16 (Reception and Orientation) has a large open shower and restroom area. While the shower area is open with multiple shower heads, it is blocked by a half wall and a swinging metal door to prevent staff viewing. Toilets are also blocked by a half wall. This area also has a camera. However, upon viewing the live feed, the Auditor found the camera is focused on the sinks which are separate from the shower and toilet area.
- Housing Units 1, 2, 3 and 4 have the showers and toilet area directly across from the officer station. This area is protected by a half wall with additional coverage of frosted glass to be prevent cross-gender viewing. There is swinging half metal door at the entrance to this area.
- While some inmates from these housing units expressed some concern about privacy, the Auditor could not view anything from the shoulders down while on the tour.
- Housing Unit 5, again, has showers and toilets surrounded by a half wall with a swinging metal door to prevent cross gender viewing.
- Housing Unit 8 (Segregation) has two individual stalls outside of the cells for showers. These showers have wired mesh doors that allow viewing from the chest up. While there is a hand cuff port at the genital level, BCC has installed a metal flap that pulled down over the port while the inmate is showering. This prevents viewing by female staff. Each cell has an open toilet located in the front corner of the cell. The Auditor had difficulty viewing these toilets when touring this housing unit.
- This same housing unit also has two suicide cells. Each cell has clear glass in front for full viewing by staff. However, the monitoring of these cells is a gender specific post; male officers only.

- This same housing unit has three holding cages which can be used for strip searches if necessary. Each cage is equipped with curtains on the sides that can be pulled down for privacy if a strip search is conducted.
- DORS (Department of Rehabilitation Services) Unit has one shower and one toilet located in each bay. Entry into these areas is protected by a swinging half door.

Restrooms located in Laundry, Chapel, Education, Maintenance, Recreation and Food Service are designed for one inmate at a time. Each area has privacy for the inmate while allowing staff to ensure safety.

Staff report there is never a time where male inmates will be unclothed in front of non-medical female staff.

(e) MDOC policy D1-8.13 states, "Staff members shall not perform strip or pat-down searches or conduct a physical examination for the sole purpose of determining an offender's genital status in accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center." (page 13)

This same language is also found in IS20-1.3, Searches, dated November 3, 2019.

MDOC policy D1-8.13 states, "If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status.

Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members." (Page 9)

MDOC policy IS11-34.1, Health Assessment and/or Physical Examinations at Reception, dated June 18, 2018, also states, "The facility will not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by the responsible physician. ***SOP: When the medical department determines a transgender or intersex offender is being received at BCC notification should be made by the health services administrator to the deputy warden of offender management and the transgender committee should convene to determine the offender's needs in accordance with IS/SOP5-3.1 Offender Housing Assignments." (Page 4)

All staff interviewed reported searching an inmate solely for the purpose of determining genitalia was strictly forbidden.

During the onsite portion of this audit, there were no transgender or intersex inmates at the facility. This information was confirmed through interviews with medical staff, random staff and inmates.

(f) MDOC policy D1-8.13 states, "Staff members shall be trained in how to conduct cross gender pat down searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible as consistent with security needs." (Page 13)

BCC reports 100% of staff have received cross-gender and transgender pat down search training.

Staff interviewed report they received this training while at the academy.

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, BCC is found to have met the standard for cross-gender viewing and searches.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders." (Page 10)

This same policy also states, "To notify hearing impaired offenders of cross gender staff in the housing unit, all housing units should display a sign indicating when a cross gender staff member is present." (Page 12)

BCC SOP/D1-8.13, Offender Sexual Abuse and Harassment, states, "SOP: Whenever an offender needs PREA information formatted outside of the normal material provided, an electronic message will be sent to the site coordinator for each instance noting the reason additional resources were needed with the name and number of the offender involved. Offenders assigned to reception and orientation will be provided PREA orientation to include the Offender Brochure on Sexual Abuse and Harassment and the PREA video the next working day following intake. Offenders assigned to segregation upon intake will be provided the Offender Brochure on Sexual Abuse and Harassment from the assigned case manager and will view the PREA video when assigned to the orientation unit prior to being placed in general population. If determined the offender has limited reading skills, staff will read the information to the offender as needed to ensure understanding. Documentation will be made in the chronological log stating the information was read to the offender.) (Page 12 -13)

BCC SOP also states, "SOP: Housing unit five is designated to house hearing impaired offenders. In order to notify offenders when a female staff member or female visitor is present, a sign will be displayed at the officer's desk. The housing unit officer will be responsible to ensure the sign is displayed when a female staff member or visitor enters the unit and is removed when the female staff member or visitor exits the unit. This procedure will be followed in any housing unit where a hearing impaired offender is assigned, including the receiving and orientation housing unit." (Page 15)

On the days of the onsite portion of this audit, there were no hearing-impaired or deaf inmates assigned to Housing Unit Five.

BCC PO (Post Order) 18 Housing Unit Eight Segregation Officer, dated August 11, 2019, states, " 40. When a hearing impaired offender is assigned to the housing unit, a sign will be displayed at the offender's cell window when a female staff member or visitor enters the unit. The housing unit floor officer will be responsible to ensure the sign is displayed when a female staff member or visitor enters the unit and is removed when the female staff member or visitor exits the unit."

On the days of the onsite portion of this audit, there were no hearing-impaired or deaf inmates assigned to Housing Unit Eight.

The requirement for the display of this sign is also required in the remaining housing units at BCC.

BCC reported there were no inmates with physical or cognitive disabilities. This was confirmed through interviews with random BCC staff and random inmate interviews.

During the tour of BCC, signs were posted throughout the facility providing inmates who are hard of hearing or deaf, instructions on how to dial the TTY (Text Phone or Teletypewriter) phone system.

MDOC also has in place multiple contracts with Missouri agencies for Sign Language Interpretation Services. These agencies include: Access Interpreters LLC, ASL Communication Services Inc., Associates in Sign Language LLC, Columbia Interpreting Services, Deaf Empowerment Awareness Foundation, Deaf Inter-Link Inc., Global Village Language Center, International Language Center, Interpretek, Interpreters Unlimited, MT & Associates LLC, and TLC Interpreting Services LLC.

The PREA video showed during orientation is also available in closed caption for hearing impaired inmates.

BCC also has PREA information prepared in braille for any inmate who is visually impaired. PREA Acknowledgement forms (acknowledging PREA education) can also be found in large print. The PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in large print.

All staff at BCC have received the training, "Special Needs Offenders," during basic training. This curriculum teaches staff to compare and contrast individuals with mild or moderate intellectual disabilities, learning

disabilities, and emotional problems. Staff are also taught how to assess the potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication.

b) MDOC policy D1-8.13 states, "Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment." (Pages 10-11).

BCC's SOP/D-1.13 states, "SOP: Functional unit managers are responsible to make regular visits to all housing units assigned to their unit. Inspections of housing units will include visible PREA information posters in each housing unit assigned. The FUM will be responsible to contact the PREA site coordinator immediately for replacements when needed." (Page 13)

BCC has PREA Acknowledgement forms (acknowledging PREA education) in the following languages: Chinese (Simplified and Traditional), English, Japanese, Russian, Serbo Croatian, Spanish and Vietnamese. PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in the same languages.

A written transcript of PREA video showed during orientation is also available in English and in Spanish.

During the tour of BCC, the Auditor noted PREA posters announcing zero tolerance and how to report sexual abuse were posted in English and in Spanish.

c) MDOC policy D1-8.13 states, "Offender interpreters shall not be utilized except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first responder duties, or the investigation." (Page 15)

BCC SOP/D1-8.13 also states, "SOP: If the victim has limited English proficiency the shift supervisor or reporting individual will notify the PREA site coordinator in order to provide a certified interpreter for the offender if needed or requested. Under no circumstances will another offender be used as an interpreter for a non-penetration PREA event." (Page 19)

All BCC staff interviewed supported this this practice.

Based on the evidence provided through policy, staff and inmate interviews, documentation review and the tour of the facility, BCC is found to have met the standard for working with inmates with disabilities and inmates who are limited English proficient.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? ☒ Yes ☐ No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, f, g) MDOC policy D1-8.13 states, "Department staff members shall not hire or promote any person, employee, or enlist the services of any contractor that may have contact with an offender when it is known that he: has engaged in sexual abuse with an offender in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse." (Page 7)

MDOC application for employment specifically asks these three questions.

b) This same policy also states, "Department staff members shall consider any incidents of sexual harassment in determining whether to hire or promote any person or enlist the services of any contractor who may have contact with offenders in accordance with the department's procedures regarding background investigations, promotional appointments, maintenance of employee records, employee discipline, and labor organizations." (Page 7)

A representative from human resources states, "Yes, we do. However, we rarely get the information or details during a background check. If they allude to a PREA incident, based on that alone, we do not hire them." The representative also states, "All legal issues must be reported.

The MDOC Employee Handbook states, "Employees who are arrested or charged with a criminal offense must immediately notify the chief administrative officer or highest-ranking staff member available. In this context, immediate means as soon as possible but no later than the beginning of the next shift worked by the employee. Employees are required to report arrests and charges for all felonies and any misdemeanor, except a minor traffic violation. Alcohol related charges and driving while license is suspended or revoked are not minor traffic violations, so employees must report those matters. Employees must report any citation or arrest for a traffic violation that occurred while operating a state-owned vehicle. In addition to making an immediate oral report, employees must submit to the chief administrative officer a detailed written account of the incident that led to the employee's arrest or filing of criminal charges. Employees must submit this written account before the end of the next shift worked after being arrested or charged. In the event that an employee is on leave, the employee is required to provide written notification as soon as possible but no later than three days after being arrested or charged. Employees must notify the chief administrative officer in writing about court appearances related to the charges in advance of the court appearance. Employees must promptly provide a written account of the final disposition of the charge. This includes any plea that results in a suspended imposition or execution of sentence." (Page 18)

c, d, e) MDOC policy D1-8.13 states, "Before hiring new employees the human resources staff members or designee shall: perform a criminal background records check; and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the department procedure regarding background investigations." (Page 7)

BCC SOP/D1-8.13 states, "SOP: The personnel clerk will be responsible to forward a list of contacts of prior employers made for the purpose of allegations of sexual abuse regarding the hire or promotion of any individual or staff member to include contractors for the preceding month to the PREA site coordinator by the 10th of each month. The PREA site coordinator will maintain the list for audit requirements." (Page 7)

A representative from human resources states, "Yes, before they come to work. We then do one annually on their birth month. We also do another background check when they get promoted." The representative added, "We use MULES (Missouri Uniform Law Enforcement System, NCIC and CaseNet." CaseNet is computer system used to check local court filings.

While onsite, the Auditor reviewed 17 employees' files and found criminal background checks have been completed per this standard.

g) The human resource representative states, "Any inquiries about former employees are not handled at the facility level. This is referred to Central Office."

Based on the evidence provided through policy, staff interviews, and documentation, BCC is found to have met the standard for hiring and promotional decisions.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) BCC has not modified or expanded its facility or acquired additional buildings since their last PREA audit.
- b) MDOC policy D4.4.8, Security Camera Operations, dated November 23, 2019 states, "To assist in the prevention, detection and prosecution of offender sexual abuse and overall security of the facility, the security camera committee will conduct an annual assessment of the entire facility and submit a report to the CAO indicating the status of the camera system and recommend changes and additions. The CAO or designee will maintain a current document reflecting existing video equipment, requests for new purchases, and identified areas needing video surveillance. A copy of this document will be forwarded to the security intelligence unit. When debriefing critical incidents consideration shall be given as to whether security camera equipment or monitoring shall be augmented to supplement supervision by staff members in accordance with department procedures regarding serious incident reporting and debriefing. All changes will be shared with the security intelligence unit." (Page 3)

BCC reports, "Since the last PREA audit in December 2016 BCC has switched all but 10 Ameba DVR's to Pelco DSSRVs. BCC added two high resolution cameras on the perimeter fence to deter contraband entry. Since the previous audit we have not added any additional camera cover other than the security perimeter. BCC currently has 615 operational cameras within the facility." (Memo dated October 22, 2019, signed by Rick Skaggs, Deputy Warden Offender Management/PREA Site Coordinator)

Based on the evidence provided through policy and the tour of the facility, BCC is found to have met the standard for upgrades to the facility and technology.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *a/ways* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) MDOC Statewide PREA Coordinator states, "The PREA Unit Investigators utilize nationally recognized protocols for the collection and preservation of evidence as discussed in the 'A national Protocol for Sexual Assault Medical Forensic Examinations.' The protocols utilized are appropriate for youthful offenders. The Department's evidence protocol is outlined in D1-8.8, Evidence Collection, Accountability and Disposal."

All BCC staff interviewed were able to explain to the Auditor MDOC's requirements as it relates to preserving evidence and securing a crime scene. All staff advised victims and perpetrators would not be allowed to shower, brush their teeth, drink water, smoke, change clothes or use the restroom until they were told they could do so.

RECOMMEDATION: Update MDOC policy D1-8.8, Evidence Collection, Accountability and Disposal, dated August 28, 2014, to reflect the formation of the PREA Unit and its investigative responsibilities for sexual abuse allegations.

c) MDOC policy D1-8.13 states, "Health Services staff member cannot collect physical evidence from a victim or perpetrator following a report of offender sexual abuse but may assist in the preservation of items related to the incident. A sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE) may collect evidence in conjunction with a sexual assault examination. Health services staff members shall screen victims for obvious physical trauma and provide emergency medical care. If the alleged perpetrator is a staff member, the victim shall be transported to the community emergency room for a sexual assault examination to be performed by a SANE or SAFE. The offender shall be out counted when the incident is alleged to have occurred within 120 hours. If an allegation of offender sexual abuse is made within 120 hours of the alleged event and consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis, the health services staff member shall: Contact the on call SANE staff member to inform them to report to the facility and determine the staff member's estimated time of arrival. Notify the shift commander that a sexual assault examination is needed and the estimated time of arrival of the SANE staff member. The shift commander shall proceed with the coordinated response as outlined in the coordinated response protocol for institutions." (Page 17)

BCC SOP/D108.13 states, "SOP: If the alleged perpetrator is a staff member, the offender requiring a sexual assault examination to be performed by a SAFE or SANE will be transported to the University of Missouri, Columbia, MO hospital or Western Missouri Medical Center, Warrensburg, MO if not available at University of Missouri-Columbia." (Page 21)

In the past 12 months, there have been zero forensic medical exams, SANE/SAFE's, or exams performed by qualified medical practitioner on inmates assigned to BCC.

There were no SANE nurses onsite during the onsite portion of this audit.

The Statewide PREA Coordinator reports, "Forensic exams are conducted onsite at each Missouri Department of Corrections facility by certified Sexual Assault Nurse Examiners which are provided through the Department's medical contract with Corizon."

The Auditor reviewed Corizon's Contractual Requirement document. It states, "Offenders who report sexual assault will be treated for immediate stabilizing healthcare needs onsite and then transferred to an offsite hospital emergency room/SANE/SAFE provider for forensic evaluation and treat. Corizon has contracts and access through HealthLink for accessing SANE/SAFE providers." (Page 43)

d, e) MDOC policy D1-8.13 states, "Each facility will offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility will attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt will be documented and advocacy services will be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. When the facility cannot successfully enter into a MOU with an outside community service provider for offender victim advocacy services, or when the outside community advocate is not available, a qualified staff member victim advocate will be provided. All staff members serving as a designated victim advocate for offenders will receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims will be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee will serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee will ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety will receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous, to the office of the inspector general. Offenders will have reasonable access upon their request to the ongoing services of a victim advocate to include: Communication by mail or special visits in as confidential manner as possible to maintain safety and security of the institution. Being informed prior to being given access to a victim advocate, the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates will be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits will be arranged through the PREA site coordinator or designee. Facilities will make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations. The facility will enable reasonable communication between offender victims and these organizations. A list of the above will be maintained in the library and/or other common areas of every facility." (Pages 21 -22)

MDOC also has contract with the Missouri Coalition Against Domestic and Sexual Violence (MCADSV) to train facility chaplains to act as qualified agency staff victim advocate. The Auditor reviewed MCADSV curriculum and proof of training of three staff persons as BCC.

The Site Coordinator reports, "We have the chaplains and a case worker trained to be a victim advocate if needed. We do have a contract with a rape crises center and I am assuming Central Office made sure they were qualified to act as advocates when they drew up the contract."

There were no inmates onsite to be interviewed who had reported sexual abuse in the past 12 months.

f) NA MDOC/BCC are responsible for administrative and criminal investigations.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, BCC is found to have met the standard for evidence protocol and forensic examinations.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) MDOC policy D1-8.13 states, "The department shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website." (Page 20)

This same language is also found in MDOC policy D1-8.1, Office of Professional Standards, dated July 1, 2017. MDOC PREA Unit is housed under the Office of Professional Standards.

MDOC policy D1-8.4, Institutional Investigations, dated July 1, 2017 covers administrative investigations. This policy states, "An inquiry or investigation may be conducted by an institutional investigator when: an offender may have engaged in a violation of offender rules; or, there is staff member on offender sexual harassment. Allegations of offender sexual harassment or offender sexual abuse related to pat searches or uses of force will be processed in accordance with the PREA coordinated response protocol." (Page 3)

In the past 12 months, BCC has had 12 allegations of sexual abuse or sexual harassment. All twelve allegations resulted in administrative investigations with one rising to the level of a criminal investigation. Eleven of the twelve investigations have been completed with one case still pending.

Interviews with investigators confirmed all allegations of sexual abuse and sexual harassment are referred for investigation.

Based on the evidence provided through policy and staff interviews, BCC is found to have met the standard for policies to ensure referrals of allegations for investigations.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, c) BCC has trained 100% of their staff in the prevention, detection, and response to sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "All new staff members shall complete the department's online sexual misconduct and harassment training within 5 working days of employment. All staff members shall receive initial PREA training during the department's basic training. All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years in which an employee is not required to complete training, the department's PREA manager shall provide current information on sexual abuse and sexual harassment policies via the department's PREA intranet page <http://docintranet.ads.state.mo.us/Division/OD/PREA.htm>." (Page 7)

BCC's SOP/D1-8.13 also states, "SOP: Information regarding the PREA hotline and any current information on sexual abuse and sexual harassment will be posted on the training bulletin boards and addressed in policy and procedure reviews." (Page 8)

All staff interviewed were able to discuss details of the PREA training they received during basic training and annual PREA refreshers.

b) While BCC is a male only facility, the same MDOC policy addresses gender specific training staff will receive when working at a female facility or when they transfer to a female facility from a male facility. This policy states, "All new staff members who shall be placed at a female facility shall receive Working With The Female Offender training prior to being placed at a post. Staff members shall receive additional training if

they are reassigned from a facility that houses only male offenders to a facility that houses only female offenders. Staff members shall receive additional training if they are reassigned from a facility that houses only female offenders to a facility that houses only male offenders if their basic training or institutional basic training occurred more than two years prior to the time of assignment.” (Page 8)

BCC’s SOP/D1-8.13 states, “SOP: The chief of custody will be responsible to notify the training officer upon receipt of an officer transferred from a facility that housed female offenders. The institutional training officer will ensure gender specific training is given upon placement at BCC.” (Page 9)

d) MDOC policy D1-8.13 states, “ All completed PREA training shall require a PREA acknowledgment form or PREA basic training acknowledgment form stating the staff member understood and completed the training. This form shall be routed through the facility training officer or regional training coordinator. The facility training officer or regional training coordinator shall send the original PREA acknowledgment form to the central office human resources personnel for retaining in the employee’s personnel file.” (Page 8)

BCC documents, through employee signature, the understanding and completion of the training they have received. The Auditor reviewed 29 staff files and found each staff person had PREA training.

Based on the evidence provided through policy, staff interviews, and documentation review, BCC is found to have met the standard for employee training.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b) BCC has trained 100% of all contractors and volunteers who enter the facility and have contact with the inmates.

MDOC policy D1-8.13 states, "All part-time employees, volunteers, and contract staff members shall receive PREA training specific to their classification as determined by the appropriate division director and chief of staff training... Vending contractors shall be escorted by a staff member at all times or shall receive PREA training prior to entering the facility." (Page 7)

BCC SOP/D1-8.13 states, "SOP: The institutional activities coordinator will be responsible to ensure all active volunteers receive required PREA training and documentation is maintained in their file. Volunteer files are secured in the administration building." (Page 8)

This same SOP states, "SOP: The office of the deputy warden of operations will be responsible to maintain documentation of all vendors allowed to enter the institution unescorted and have received the PREA brochure. The check for PREA compliance will be completed annually in conjunction with the vendor's criminal history check. The approved list will be forwarded to the control center when updated." (Page 8)

All volunteers interviewed report receiving PREA training that included the zero-tolerance policy and how to report sexual abuse or sexual harassment.

c) MDOC policy states, "Volunteer acknowledgment forms shall be retained in the volunteer's file by designated facility staff members. Vending contractors acknowledgment forms shall be retained in the vendor file by designated facility staff members. Work release supervisor acknowledgment forms shall be retained by the work release coordinator at the facility in the work release supervisor's file." (Page 8)

While onsite the Auditor reviewed eight training records of volunteers and contractors finding all eight had received the required PREA training.

Based on the evidence provided through policy, interviews, and documentation review, BCC is found to have met the standard for volunteer and contractor training.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) BCC reports 1866 inmates have received PREA education in the past 12 months in accordance with policy.

MDOC policy D1-8.13 states, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment." (Page 12)

BCC SOP/D1-8.13 states, "Whenever an offender needs PREA information formatted outside of the normal material provided, an electronic message will be sent to the site coordinator for each instance noting the reason additional resources were needed with the name and number of the offender involved. Offenders assigned to reception and orientation will be provided PREA orientation to include the Offender Brochure on Sexual Abuse and Harassment and the PREA video the next working day following intake. Offenders assigned to segregation upon intake will be provided the Offender Brochure on Sexual Abuse and Harassment from the assigned case manager and will view the PREA video when assigned to the orientation unit prior to being placed in general population. If determined the offender has limited reading skills, staff will read the information to the offender as needed to ensure understanding. Documentation will be made in the chronological log stating the information was read to the offender. Functional unit managers are responsible to make regular visits to all housing units assigned to their unit. Inspections of housing units will include visible PREA information posters in each housing unit assigned. The FUM will be responsible to contact the PREA site coordinator immediately for replacements when needed." (Page 13)

Intake staff a BCC states all inmates are given a PREA flyer when they first come into the facility. The flyer covers the zero-tolerance policy and how to report sexual abuse and sexual harassment. Intake staff also advise the PREA orientation video is then shown 24 hours later.

All inmates interviewed reported receiving PREA information the first day they arrived at BCC.

e) BCC documents all inmate education. While onsite the Auditor reviewed the records of 36 inmates and found all inmates received PREA information and orientation within the required timeframe.

f) During the tour of BCC, the Auditor observed PREA information signs and way to report posted in every housing unit, Education Building, Medical, Chapel, Recreation, Kitchen, Maintenance and DORS Building. This information is posted in English and Spanish.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, BCC is found to have met the standard for inmate education.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)
☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Gerrity, sexual abuse evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA: Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator and two facility investigators. The two BCC investigators have been in their positions for approximately six months and are still in the process of learning their positions and obtaining all required training.

Based on the evidence provided through policy, staff interviews, and documentation review, BCC is found to have met the standard for specialized investigation training.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) ☒ Yes ☐ No ☐ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) ☒ Yes ☐ No ☐ NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Medical and mental health staff members shall receive annual specialized PREA training." (Page 8)

The Auditor reviewed the curriculum titled, "PREA-Specialized Medical/Mental Health Professional Training," dated May 2015. Program overview states, "This training class is for Medical and Mental Health Professionals working with the Missouri Department of Corrections (MDOC) and serves as review of the PREA standards and how they apply to Mental and Mental health professions/roles throughout the department. Course includes information on the federal Prison Rape Elimination Act Guidelines; a definition of PREA; its applicability to all MDOC staff; and definitions of offender sexual abuse." This is a 2-hour credit course.

Interview with medical staff supported receiving annual specialized training.

b) While onsite the Auditor was provided proof of certificates for SANE training for six nurses.

c) While onsite the Auditor reviewed 17 training records of medical and mental health staff and found all of them had received the annual specialized training and the required MDCO PREA training.

Based on the evidence provided through policy, staff interviews, and documentation review, BCC is found to have met the standard for specialized medical and mental health training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒
Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a request? ☒
Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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MDOC has three classifications determined by the Adult Internal Risk Assessment (AIRA): Alpha (High Risk of Abusiveness), Kappa (Low Risk for either Abusiveness or Victimization), or Sigma (High Risk of Victimization).

a, b, c) MDOC policy D1-8.13 states, "Facilities will assess offenders for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment in accordance with the institutional services procedure regarding diagnostic center reception and orientation, and probation and parole procedures regarding the community supervision center, the community release center, and contracted residential facilities. Offenders will be assessed within 72 hours of arrival." (Page 8)

All staff interviewed who perform the AIRA stated the initial assessment is done the first day at BCC. They also advised they have up to 72 hours to complete the initial assessment if they run into issues the first day through Reception and Orientation.

All inmates interviewed supported this practice.

d, e) AIRA contains the ten elements identified in these subsections.

Interviews with the staff who conduct the AIRA report the instrument considers age, build, weight, sexual orientation, institutional violence, criminal history and sex offenses.

f, g) MDOC policy states, "Offenders shall be reassessed within 30 days of arrival. The reassessment shall consider additional relevant information received by the facility after the initial intake screening. The offender's risk level shall be reassessed when warranted due to a referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offender's risk of sexual victimization or abusiveness." (Page 9)

BCC SOP/D1-8.13 states, "SOP: In the event the assessments are not completed at the 72 hour or 30 day time frame, classification staff must provide written notice to the PREA site coordinator and the assigned

R&O FUM explaining the reason for the delay. The Unit IV FUM will be responsible to monitor compliance for 72 hour and 30 day assessment compliance.” (Page 10)

BCC has not had any assessment exceed the 72 hour or 30-day reassessment timeline. While onsite the Auditor reviewed the records of 36 inmates and found all inmates had their initial assessment and 30-day assessment completed within the required timeframe.

h) MDOC policy states, “The offender shall not be disciplined for refusing to answer or not disclosing complete information during the assessment.” (Page 9)

Interviews with risk assessment staff report inmates are not disciplined for refusing to participate or answer questions related to the AIRA.

BCC SOP/D1-8.13 states, “SOP: The case manager assigned to make the assessment will make a comment the offender refused to answer on the question(s) the offender refused to answer. If the offender refuses to participate in the assessment the “Refuse to Participate” section will be completed and signed by the offender. If the offender refuses to sign, two staff members will sign the assessment. The case manager will notify the PREA site coordinator via e-mail of any offender who refuses to participate in the assessment.” (Page 10)

Interviewed staff also report they have never experienced an inmate refusing to participate in the AIRA.

i) BCC has appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard.

MDOC has assigned security levels to specific job descriptions. Only classification and administration staff have the security level to access the questions on the AIRA. Security staff only have security permissions to access the final classification of Alpha, Kappa or Sigma.

Based on the evidence provided through policy, staff interviews, and documentation review, BCC is found to have met the standard for screening for risk and abusiveness.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for

the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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a) MDOC policy IS5-2.3, Offender Internal Classification, dated March 17, 2019 states, "The department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines. Offenders placed in temporary administrative segregation confinement, administrative segregation confinement, disciplinary segregation confinement, protective custody, or transitional care units will be assigned a cell according to the offender's internal classification score. Staff members who supervise offenders in required activity assignments will utilize the internal classification score to monitor offenders in accordance with institutional services procedures regarding required activities." (Page 2)

b) BCC SOP/IS5-2.3 states, "SOP: Offenders classified as Sigma will be housed in HU #1-#4/Bay 118 (A Bay), HU #5/Bay 108 (A Bay), HU #6/Bay 110 (Beds 1-10 & 52-62), HU #7/Bay 207 (C Bay), HU #9/Bay 115 (D Bay), HU #10/Bay 105 (A Bay), and HU #15/A Bay. Cell assignments in the segregation unit will be assigned as outlined in IS/SOP21-1.1 Temporary Administrative Segregation Confinement and in

accordance with this procedure. The institutional job coordinator will be responsible to ensure offender's classified as Sigma or Alpha are not assigned together in areas which would not provide direct supervision at all times by staff. Assignments to dorm maintenance inside the housing unit assigned will be allowed. If there is any question as the assignment, the assistant warden will be notified and approval for that area must be granted prior to assignment." (Page 2)

Interviews with staff supported this practice.

The Site Coordinator reports the AIRA is used to determine housing, job placement and program. There main goal is to keep the Alphas and Sigmas separated for protection.

c, d, e, f, g) MDOC policy D1-8.13 states, "If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members. Housing assignment for transgender and intersex offenders will be made as outlined in this procedure, on a case-by-case basis by the institutional transgender or intersex committee or designee of the community confinement facilities to ensure the health and safety of the offender in accordance with the institutional services procedure regarding offender housing assignments, transgender and intersex offenders and the probation and parole procedure regarding risk assessment and housing assignments." (Page 9)

BCC SOP/D1-8.13 states, "SOP: Health and safety concerns such as shower use, bed placement, search status, etc. will be specifically addressed by the institutional transgender/intersex committee. The institutional committee chairperson will be the PREA site coordinator. Each committee meeting will require documented minutes of all findings and individual recommendations. The meeting minutes will be maintained by the PREA site coordinator. If a transgender or intersex offender is received at segregation upon intake, the case manager will note on the individual confinement record and immediately notify the FUM and PREA site coordinator. The PREA site coordinator will meet with the transgender committee to establish guidelines for placement." (Page 10)

MDOC also utilizes a transgender committee to provide individualized decision making. MDOC policy D1-813 states, "Each institution will have a transgender committee to make informed decisions regarding the health and safety of transgender and intersex offenders assigned at that facility. The transgender committee shall meet with the offender upon arrival at the facility and every six months thereafter or more often if deemed necessary. The transgender committee will complete a written report within 10 working days of the offender's arrival at the facility and after each 6 month meeting. The report should be forwarded to the appropriate deputy division director of the division of adult institutions; the director of the division of rehabilitative service and the PREA manager for review and approval. A response should be made back to the transgender committee within 10 working days. The written decision shall be maintained in the offender's classification and medical records in accordance with departmental procedures regarding record retention. The transgender committee meeting and subsequent written report shall include the following: offender's view of his vulnerability within the general population, historical overview of the offender's transgender/intersex status, Include information regarding where the offender is in the transition process, amount of time living as a transgender, and the offender's concerns and views regarding the transition process. review of the offender adult internal risk assessment, The report should show the adult internal risk assessment was reviewed and whether the offender required a reassessment. If information is obtained which would affect the offender's classification, the offender will be reassessed utilizing the adult internal risk assessment. review of the offender's institutional adjustment, PREA allegations/investigations, review of programming assignments, recommendations regarding the offender's health and safety to include: housing assignment, Housing assignments for transgender or intersex offenders shall not be made based solely on genitalia but shall consider the offender's health and safety and the security of the facility through a review of the respective classification, medical and mental health records. The transgender or intersex offender's own views with respect to his safety shall be given serious consideration when determining housing. showering, Transgender or intersex offenders shall be offered the opportunity to shower separately from other

offenders. special needs. If the contracted mental health provider recommends hormone replacement therapy the recommendation will be included in the transgender committee report. If specialized clothing, such as a support garment, is recommended, the recommendation shall be included in the report. A written doctor's recommendation shall accompany the report." (Page 11)

Site Coordinator s to make sure advises the Transgender Committee will meet within ten days after they arrive at the facility to make sure their needs are being met. He states, "We place them in general population unless they request alternative housing."

Interviews with staff who conduct the AIRA support this practice.

There were no transgender inmates assigned to BCC during the onsite portion of this audit. This was confirmed through interviews with staff and administration.

While no transgender inmates were available to be interviewed, the Auditor did review transgender committee notes for five transgender inmates previously housed at BCC. These notes were found to be compliant with this standard.

h) BCC does not have dedicated wings to house gay, bisexual, transgender or intersex inmates.

Interviews with staff, administration and inmates confirm this practice.

Based on the evidence provided through policy, staff interviews, and documentation review, BCC is found to have met the standard for use of risk screening information.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During the previous 12-month reporting period October 1, 2018 through September 30, 2019 BCC has not placed any victim in involuntary segregated housing due to a PREA event.

a, c, d) MDOC policy D1-8.13 states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include: return to assigned housing; temporary reassignment of staff members; assignment to another housing unit; and temporary segregated housing for protective custody needs. Segregated housing should not be considered as the first option to ensure safety of the victim. The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist form of the recommended housing option. If temporary administrative segregation confinement (TASC) is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding temporary administrative segregation confinement and administrative segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit." (Page 16)

BCC SOP/D1-8.13 states, "SOP: BCC does not have a protective custody unit and all offenders assigned to TASC as a PREA risk will be evaluated initially via the TASC order and the PREA notification checklist. This will be repeated again with the offender within 72 hours by the administrative segregation committee and, if assigned to segregation, will be evaluated every 30 days by the administrative segregation committee. The administrative segregation committee should note on the Classification Hearing form the need for further separation and any programs, academic education, or services not provided during the period as a result of the offender's confinement in segregation." (Page 20)

The Warden states, "We always analyze the situation and look at all the options to keep the victim safe. We use Protective Custody as a last resort.

b) There were no inmates assigned to temporary restrictive housing due to being at high risk of sexual victimization at the time of this audit.

e) This same policy states, "Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody." (Page 16)

Based on the evidence provided through policy, staff interviews, and documentation review, BCC is found to have met the standard for protective custody.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request?
☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)
☐ Yes ☐ No ☐ NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?
☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) BCC has multiple ways for inmates to report sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "Each facility's CAO or designee shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff member neglect, and violation of responsibilities that may have contributed to an incident of offender sexual abuse, to include but not limited to: informal resolution request (IRR), grievance process, or offender complaint, a staff member, PREA hotline, and advocacy agency. Offenders may make anonymous reports of allegations of offender sexual abuse to the Department of Public Safety, Crimes Victims Services Unit. All offender mail addressed to the Crimes Victims Services Unit shall be treated as confidential mail and not subject to examination. Facilities shall maintain strict policies prohibiting mailroom staff from revealing to staff members or administrators the fact that an offender sent correspondence to the sexual abuse reporting entity. Allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure." (Page 13)

MDOC does not house inmates solely for civil immigration purposes.

MDOC has a memorandum of understanding with the Missouri Department of Public Safety (DPS) which allows DPC to receive written correspondence of allegations of offender sexual abuse and harassment. This MOU was signed in 2014 is continuously renewed.

BCC has not received third-party or anonymous reports in the past 12 months.

All staff interviewed were able to describe multiple ways inmates could report sexual abuse.

All inmates interviewed reported they knew of multiple ways to report sexual abuse including using the PREA hotline, writing a kite and telling an officer.

d) This same policy also states, "Staff members may anonymously report allegations of offender sexual abuse, harassment, or retaliation utilizing the employee reporting hotline in accordance with department procedure regarding discrimination, harassment, retaliation, or unprofessional conduct." (Page 13) BCC staff may utilize the C.L.E.A.R (Confidential Line for Employee Allegations and Reporting) Line. Employees may call or email this service.

All staff interviewed reported they would not anonymously report sexual abuse or sexual harassment. They advised they would go directly to their supervisor. However, when asked if it was situation where they may fear retaliation if they made that report, most staff reported they could use the C.L.E.A.R. Line if needed to report the abuse.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, BCC is found to have met the standard for inmate reporting.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC/BCC is not exempt from this standard.

b, c) MDOC policy D1-8.13 states, "The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse. The department shall not impose a time limit for an offender submitting a grievance or complaint regarding an allegation of sexual abuse. The department may apply otherwise applicable time limits to any portion of a grievance or complaint that does not allege an incident of sexual abuse in accordance with the department procedure regarding offender grievance, institutional investigations, and office of professional standards." (Page 14)

MDOC policy D5-3.2, Offender Grievance, dated January 1, 2015 states, "There will be no time limit for submitting complaints regarding allegations of offender sexual abuse. All complaints regarding offender sexual abuse will be processed as outlined in accordance with this procedure. The department will not require an offender to use the informal grievance process, or to otherwise attempt to resolve with staff members, an alleged incident of offender sexual abuse. All informal resolution requests, offender grievances or offender grievance appeals containing allegations of offender sexual abuse, will be processed in the manner outlined in this section. An offender who alleges offender sexual abuse may submit an informal resolution request, offender grievance, or offender grievance appeal without submitting it to a staff member who is subject to the complaint. A staff member who is the subject of the complaint should not be the respondent. When the staff member responsible for processing informal resolution requests, offender grievances, or offender grievance appeals receives a complaint alleging offender sexual abuse, a copy of the form will be forwarded to the shift commander and the offender sexual abuse coordinated response will be initiated in accordance with the department procedure regarding PREA." (Pages 9, 16 -17)

It should be noted the Offender Grievance policy is available to all inmates in the library of BCC.

d) MDOC policy D5-3.2 states, "Informal resolution request alleging sexual abuse will be processed normally with the exception of the following: A response should be completed as soon as practical, but no

later than 30 calendar days of receipt. Offender grievances alleging sexual abuse will be processed normally with the following exceptions: the CAO or designee should respond within 30 calendar days of receipt. Computation of the 30 day time period will not include the days between the offender's receipt of the informal resolution request and receipt of the offender grievance by the grievance officer or designee. Offender grievance appeals alleging offender sexual abuse will be processed normally with the following exceptions: a response should be provided as soon as practical, but no later than 30 calendar days of receipt. Computation of the 30 day time period will not include the days between the offender's receipt of the offender grievance response and receipt of the offender grievance appeal by central office grievance staff members. Appeals will be referred to the deputy division director or designee. An extension of time to respond, of up to 70 days, may be claimed if the normal time period for response is insufficient to make an appropriate decision. The offender will be notified in writing of any such extension and will be provided a date by which a response will be provided. At any level of the administrative process, including the offender grievance appeal level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may proceed to the next level of the offender grievance process." (Page 17)

BCC has had no grievances filed alleging sexual abuse in the past 12 months.

BCC also utilizes a "Grievance PREA Tracking Log" to ensure timeframes are met.

e) This same policy states, "Third Party Reporting: Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for informal resolution requests, grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution. When a staff member receives a request from a third party to file a complaint via the offender grievance procedure on behalf of an offender regarding allegations of offender sexual abuse. The staff member will require the party making the complaint to submit such in writing. Administrative or case management staff members will then prepare a report of incident in accordance with procedure for possible investigation or inquiry. When a staff member receives the documentation from the reporting third party, it will be attached to an informal resolution request form and will immediately be recorded in accordance with this procedure. A copy of the documentation will also be forwarded to the CAO or designee in order to be attached to the possible investigation or inquiry. The case manager shall attempt to discuss the issue with the offender (victim) prior to developing a response to confirm if the alleged victim agrees to have the request filed on his behalf. If the offender declines to have the request process on his behalf, the case manager shall document the offender's decision in the discussion section of the informal resolution request form and the complaint shall be considered withdrawn for grievance purposes. If the offender agrees to have the request processed on his behalf, it will then be documented in the discussion section of the informal resolution request and will be processed normally in accordance with this procedure." (Pages 17 -18)

f) This same policy also states, "Allegations of offender sexual abuse by employees shall immediately be reported to the CAO or designee for possible investigation or inquiry. If the staff member who processes the informal resolution requests determines that it meets the definition of a PREA emergency complaint, the offender will be provided an informal resolution request form. Emergency informal resolution requests will be processed as follows: The offender will request an informal resolution request form from case management staff members and briefly state the issues and subject of complaint in accordance with this procedure. When a staff member receives the completed informal resolution request form from the offender, the staff member will record receipt of the form in accordance with this procedure and it will be taken to the CAO or designee immediately. Upon receipt of an informal resolution request from an offender, the CAO or designee may confer with the PREA site coordinator to make the determination if the informal resolution request should be handled as an emergency. The CAO or designee will prepare an initial response which will be attached to the informal resolution request and provided to the offender within 48 hours of receipt of the initial filing date. The offender will sign and date the response. A final response from the CAO or designee will be provided to the offender within 5 calendar days from the initial filing date. The offender will sign and date the form. The initial and final response for the informal resolution request shall document the

department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency informal resolution request. If the offender is unsatisfied with the final response for the informal resolution request and chooses to file a grievance, an offender grievance form will be provided. The grievance or grievance appeal will then be processed as a non-emergency PREA complaint as noted in this procedure." (Pages 18 – 19)

BCC SOP/D1-8.13 states, "SOP: The department requires an initial response for PREA-Emergency Informal Resolution Requests within 48 hours and finalized within 5 calendar days of receipt." (Page 16)

g) The grievance policy also states, "No reprisals shall be taken against any offender for use of, or participation in, the offender grievance procedure. Offenders may be held accountable for misusing or abusing the offender grievance procedure as stated in this procedure. This action is not considered a reprisal...All offenders are encouraged to utilize this procedure for the redress of grievances; however, offender must refrain from knowingly and deliberately filing improper, duplicative, expanded or frivolous IRR, offender grievances or offender grievance appeals." (Pages 4, 5)

Based on the evidence provided through policy, staff interviews, and documentation review, BCC is found to have met the standard for exhausting administrative remedies.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b, c) MDOC policy D1-8.13 states, "Each facility shall offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility shall attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt shall be documented and advocacy services shall be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. All staff members serving as a designated victim advocate for offenders shall receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims shall be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee shall serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee shall ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety shall receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous to the PREA unit. Offenders shall be allowed to communicate with an advocate by mail or special visit in a confidential manner as possible to maintain safety and security of the institution. Offenders shall be informed before being given access to a victim advocate, the extent to which communications shall be monitored and the extent to which reports of abuse shall be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates shall be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits shall be arranged through the PREA site coordinator or designee. Facilities shall make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations." (Pages 20 -21)

BCC SOP/D1-8.13 states, "The institutional chaplain will serve as the staff victim advocate for BCC. The offender may request an unmonitored phone call to a victim advocate through his assigned case manager. Special visits and sealed mail to advocates will also be coordinated by the assigned case manager." (Pages 25, 26)

For inmates who are placed in restrictive housing, they are provided a PREA flyer with the addresses of Just Detention International and Rape, Abuse and Incest National Network (RAINN). Inmates at BCC can contact these agencies for emotional support. The flyer is available in English and Spanish.

BCC has attempted to enter a MOU with True North Crises Center for local advocacy services. However, this agency has declined to provide services. The Auditor has reviewed communication between MDOC and True North Crises Center verifying this information.

There were no inmates at BCC who have reported sexual abuse onsite during this portion of the audit.

Interview with inmates reported they knew there were services available to them outside of the facility; however, they could not name the resource. Most stated they seen that information in the PREA flyer they received at intake.

Based on the evidence provided through policy, staff interviews, and documentation review, BCC is found to have met the standard for inmates' access to outside confidential resources.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) Methods to report sexual abuse and harassment are made available to the public via the Department's website which you can access at <http://doc.mo.gov/OD/PREA.php>.

BCC also has posters in visitation that outline ways for friends and family to report sexual abuse or sexual harassment.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, BCC is found to have met the standard for third-party reporting.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, c, d, e) MDOC policy D1-8.13 states, "Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. Medical and mental health staff members shall inform offenders at the initiation of services of the practitioner's duty to report in accordance with statutes." (Page 6)

Missouri Revised Statute Chapter 217, Department of Corrections, Section 217.410, outlines staff duty to report.

Missouri Revised Statute Chapter 630, Department of Mental Health, Section 603.005, defines a vulnerable person as any person in the custody, care, or control of the department that is receiving services from an operated, funded, licensed, or certified program. Section 630.163 also outlines staff duty to report.

All staff interviewed reported they were mandated reporters of sexual abuse and sexual harassment. Staff reported failure to report could result in disciplinary action up to termination. Many staff also reported there could be legal repercussions for failing to report sexual abuse or sexual harassment of inmates.

Medical staff also reported they are mandated reporters of sexual abuse. They also state informed consent is part of the process.

Medical and mental health staff have had no reports of sexual abuse from offenders in the past 12 months.

b) This same policy states, "Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions." (Page 6)

All staff interviewed state "confidentiality" and "zero-tolerance" are stressed during training.

Based on the evidence provided through policy, staff interviews, and documentation review, BCC is found to have met the standard for staff and agency reporting duties.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) When an offender is believed to be in substantial risk of victimization, the shift commander shall assess the offender to ensure housing in the least restrictive housing. "If TASC is determined to be the least restrictive housing the shift commander shall note on the TASC order the offender is being placed in segregated housing due to a PREA risk. The offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units." (Page 17)

The Warden states she expects her staff to follow up with the inmate and make sure they are safe. If they deem them not safe, she wants her staff to separate them from the possible abuser.

All staff interviewed reported they would notify their supervisor immediately if they learned of an inmate who may be in imminent danger. They also reported they would also pull that inmate aside to ensure their safety will notifying their supervisor.

Based on the evidence provided through policy, staff interviews, and documentation review, BCC is found to have met the standard for agency protection duties.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.1 states, "Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Page 9)

BCC received one report for sexual abuse from another confinement facility. The Auditor reviewed documentation and found the coordinated response was initiated in a timely manner. The allegation was also referred for investigation.

BCC has received any incidents requiring notifications to an outside agency in the past 12 months.

The Site Coordinator reports, "Upon receiving information that an offender has been sexually abused while assigned at another department facility, the coordinated response for offender sexual abuse shall be immediately initiated by the shift commander. If the alleged abuse occurred at a facility outside the department, the notification checklist shall be forwarded to the department's PREA manager. The PREA manager shall ensure notification to the facility is made with 72 hours."

Based on the evidence provided through policy, staff interviews, and documentation review, BCC is found to have met the standard for reporting to other confinement facilities.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b) MDOC policy D1-8.13 outlines staff first responder requirements. The policy states, "3. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. If the allegation is reported directly to a facility administrator, the administrator can initiate the coordinated response to ensure confidentiality utilizing the notification checklist. In the event of an allegation of a penetration act, the first responder shall take the following steps. (1) Ensure the safety of the victim. (2) Request the victim not to take any actions that may destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable. (3) To the extent possible, ensure the alleged perpetrator does not take any actions that could destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The shift commander or shift supervisor shall make telephone notifications and respond as outlined in the division's coordinated response to offender sexual abuse protocol. In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol." (Pages 15 -16)

BCC SOP/D1-8.13 states, "All penetration events will be considered an emergency which require immediate response by medical and mental health. If the event is alleged to have occurred within the last 120 hours and/or a forensic exam is indicated by the physician or through phone contact with the PREA Investigations Manager, the facility should ensure an advocate is onsite prior to the forensic exam. All PREA events require the alleged victim and alleged perpetrator to be separated. The victim should be held in the medical unit until seen by the SANE nurse, if appropriate. Under no circumstances will the victim and the alleged perpetrator be held in the same immediate area." (Page 19)

BCC requires staff, volunteers, and contractors to follow the same protocol. Every person who has contact with inmates are issued a "First Responder Card" which outlines the protocol everyone must follow.

In the past twelve months there has been no non-security staff who have acted as first responder.

All staff interviewed were able to articulate the facilities requirements as a first responder. Most staff showed the Auditor their card.

All volunteers interviewed supported the practice of first responder duties as outlined in MDOC policy.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, BCC is found to have exceeded the standard for use of risk screening information.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) BCC has formalized Coordinated Response plan in place for staff, volunteers and contractors. This plan echoes the requirements found in MDOC policy D1-8.13.

The Auditor reviewed seven closed PREA investigations and found the coordinated response had been initiated in each one according to policy and this standard.

All staff interviewed were able to explain the coordinated response to the Auditor.

Based on the evidence provided through policy, staff interviews, and documentation review, BCC is found to have met the standard for coordinated response.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) The Department of Corrections Division of Adult Institutions and the Missouri Corrections Officers Association (MOCO) Corrections I and II Bargaining Unit have entered into an agreement that permits the agency to remove alleged staff sexual abusers from contact with any inmates pending an investigation or a determination of whether and to what extent discipline is warranted.

This agreement ended in 2018, however, MDOC is currently working with MOCO to renew the agreement. While this is pending, MDOC is honoring the 2018 agreement.

Based on the evidence provided through policy, staff interviews, and documentation review, BCC is found to have met the standard for the preservation of ability to protect inmates from contact with abusers.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with

victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
☐ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 establishes procedures for monitoring retaliation. This policy states, "The PREA site coordinator shall ensure all victims and reporters and those that cooperate with offender sexual abuse and harassment investigations or inquiries are monitored and protected from retaliation." (Page 14)

b, c, d, e, f) MDOC policy D1-8.13 states, "Following any reported incident of sexual abuse or harassment, monitoring for retaliation shall be conducted in the following manner: The alleged victim of offender sexual abuse shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation. Monitoring shall include face-to-face status checks by a staff members a minimum of every 30 days. The assessment-retaliation status checklist form shall be used during each of the assessment interviews. If the victim expresses fear of retaliation, monitoring shall continue for an additional 90 day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded. The PREA site coordinator or designee shall ensure individuals receive an initial assessment utilizing the assessment-retaliation status checklist form when they report and cooperate with offender sexual abuse or sexual harassment investigations or inquiries. Reporters or witnesses who voice they have no concerns regarding potential retaliation shall not receive further monitoring. Reporters and witnesses shall sign the assessment-retaliation status checklist form showing they have no concerns regarding potential retaliation. The PREA site coordinator shall report all evidence of retaliation to the CAO or designee to ensure an inquiry or investigation is initiated in accordance with department procedures regarding office of professional standards and institutional investigators. If possible retaliation is suggested, the PREA site coordinator shall act promptly to remedy any such retaliation and protect the individual." (Page 14)

This same policy also states, "The PREA site coordinator shall ensure victims, reporters, and witnesses that report a fear of retaliation or possible victims of retaliation be offered emotional support services. Emotional services for offender victims, reporters, or witnesses include but are not limited to a referral to mental health, chaplain, or advocacy when appropriate. Emotional services for staff member reporters or witnesses include but are not limited to, the employee assistance program, peer action and care team referral, and/or chaplain referral. All action taken to remedy retaliation or services offered to the victims or suspected

victims shall be noted on the assessment-retaliation status checklist form. In the event that a victim is transferred during a period of monitoring, the PREA site coordinator shall forward the assessment-retaliation status checklist form to the PREA site coordinator in the receiving institution. The PREA site coordinator at the receiving institution shall ensure monitoring continues as outlined in this procedure. The PREA site coordinator shall ensure the completed assessment-retaliation status checklist form is returned to the originating institution to be filed in the PREA incident file for future audits. If released to a community confinement facility monitoring shall continue. If released to a field probation and parole office, monitoring shall stop. In the event the allegations are determined to be unfounded the agency shall terminate monitoring. (Pages 14, 15)

BCC SOP/D1-8.13, states, "The assigned FUM will meet with the offender at the prescribed intervals utilizing the assessment/retaliation status check form. The offender will be asked to sign the form and all forms will be forwarded to the PREA site coordinator for follow-up purposes. The PREA site coordinator will be responsible to record dates and time frames for completion and coordinate assessments with the FUM involved for offender cases. If the victim of offender sexual abuse or harassment indicates any form of retaliation, the PREA site coordinator will be immediately notified. The PREA site coordinator will submit the information to the warden for inquiry or investigation. The warden will recommend any needed changes in staff assignments. If the retaliation involves an offender, the PREA site coordinator will recommend housing or institutional transfer changes. The PREA site coordinator will meet with staff involved as reporters of abuse to complete the assessment/retaliation status checklist. If the reporter of offender sexual abuse or harassment indicates any form of retaliation, the PREA site coordinator will submit the information to the warden for administrative inquiry or investigation. The warden will recommend any needed changes in staff assignments. If the retaliation involves an offender, the PREA site coordinator will recommend housing or institutional transfer changes. The assessment/retaliation check forms will be maintained by the PREA site coordinator and filed in a secure cabinet in the warden's office. The AOSA assigned to the warden and the PREA site coordinator will have access to the cabinet." (Pages 17, 18)

The Site Coordinator is responsible for monitoring retaliation at BCC.

The Auditor reviewed three retaliation packets and found all monitoring followed MDOC policy and requirements in this standard.

Based on the evidence provided through policy, staff interviews, and documentation review, BCC is found to have met the standard for monitoring retaliation.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include: Return to assigned housing. Temporary reassignment of staff members. Assignment to another housing unit. Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim). The assessment shall consider the allegation or threat and the safety of the victim and institution." (Page 16)

This same policy continues, "If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody. (Page 17)

BCC SOP/D1-8.13 states, "BCC does not have a protective custody unit and all offenders assigned to TASC as a PREA risk will be evaluated initially via the TASC order and the PREA notification checklist. This will be repeated again with the offender within 72 hours by the administrative segregation committee and, if assigned to segregation, will be evaluated every 30 days by the administrative segregation committee. The administrative segregation committee should note on the Classification Hearing form the need for further separation and any programs, academic education, or services not provided during the period as a result of the offender's confinement in segregation." (Page 20)

BCC did not have any inmates placed in restrictive housing due to post-allegation protective custody.

The Warden states, "We always analyze the situation and look at all the options to keep the victim safe. We use Protective Custody as a last resort.

Based on the evidence provided through policy, staff interviews, and documentation review, BCC is found to have met the standard for post-allegation protective custody.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The PREA Unit in the Offender of Professional Standards conducts all offender sexual abuse investigations. Sexual harassment and allegations involving searches are conducted by trained institutional investigators.

a, d, e, f, g, h, j) MDOC policy D1-8.1, Office of Professional Standards, states, "All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. Upon receiving a report of offender sexual abuse, including staff on offender and offender on offender, the CAO or designee shall ensure the allegation is forwarded to the PREA unit within 2 business days of receipt. Allegations involving offender sexual harassment or offender abuse related to pat searches will be addressed as outlined in the institutional investigators procedure. Within 2 business days of receipt, the PREA unit will determine if the allegation meets PREA definitions or if additional information is needed. If additional information is needed the PREA unit will contact the PREA site coordinator to request the additional information. A written report will be created at the conclusion of any inquiry or investigation and a copy will be provided to CAO and division director or designee. Any action taken as a result of an inquiry or investigation shall be reported to the PREA unit within 5 business days of receiving the report. Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Pages 8, 9)

b) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Garrity, sexual abuse evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA: Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator and two facility investigators. The two BCC investigators have been in their positions for approximately six months and are still in the process of learning their positions and obtaining all required training.

The Auditor reviewed three administrative files and found they met all requirements of MDOC policy and this standard.

c) MDOC policy D1-8.8, Evidence Collection, Accountability and Disposal, outlines the agency's requirements in gathering and preserving direct and circumstantial evidence.

Interviews with investigators report they would collect video surveillance, phone calls, logs and interviews as evidence in many cases of sexual harassment. When asked about criminal cases, the Auditor advised in addition to what was already mentioned they would take photographs and collect DNA.

i) MDOC retains all investigative files for 90 years.

Based on the evidence provided through policy, staff interviews, and documentation review, BCC is found to have met the standard for criminal and administrative investigations.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 defines the Preponderance of Evidence as enough proof to show that something is more likely to have occurred than not to have occurred. This same policy also states, "Administrative investigations shall impose no standard higher than the preponderance of evidence in determining whether an allegation of offender sexual abuse or harassment is substantiated."

All investigators interviewed reported they use the preponderance of evidence (51%) to determine proof.

Based on the evidence provided through policy, staff interviews, and documentation review, BCC is found to have met the standard for evidentiary standard for administrative investigations.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, " Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA manager shall make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification form or the alleged sexual abuse by staff member notification form. Notification shall not be made to the offender following an investigation or inquiry regarding sexual harassment." (Pages 20, 21)

All investigators interviewed reported notification is made to all inmates in the case of sexual abuse. They advise if the inmate leaves the facility the attempt at notification is still made.

b) NA MDOC/BCC is responsible for conducting administrative and criminal investigations.

c) This same policy states, "All subsequent notifications shall be made when: Staff member on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs (unless the inquiry or investigation is unfounded): The staff member perpetrator is no longer assigned to the housing unit. The staff member perpetrator is no longer employed by the department. The staff member perpetrator has been indicted on a charge related to sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution." (Page 21)

BCC had no inmates who reported sexual abuse onsite to interview during this portion of the audit.

d) This policy also states, "Offender on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs. The offender has been indicted on a charge related to sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution." (Page 21)

BCC had no inmates who reported sexual abuse onsite to interview during this portion of the audit.

e, f) MDOC D1-8.13 states, "The departmental PREA manager shall forward the written notification to the offender via the PREA site coordinator. The PREA site coordinator shall ensure that the written notification is provided to the offender in a confidential manner. The original notification shall be signed by the offender and witnessed by a staff member. The offender shall be offered a copy of the letter, but shall have the right to decline the letter. The original notification shall be forwarded to the department's PREA manager for tracking. In the event the offender has been released from custody and is not being housed in the community release center or the community supervision center and the duty to report ends." (Page 21)

Based on the evidence provided through policy, staff interviews, and documentation review, BCC is found to have met the standard for reporting to inmates.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC has not had any investigation or instance where a staff member was terminated following a substantiated investigation during or reported to any law enforcement agency.

a, b, c, d) MDOC policy D2-9.1 Employee Discipline, dated May 1, 2019, outlines MDOC disciplinary process for all employees.

MDOC policy D1-8.13 states, "Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures. Termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All terminations for violations or the resignation of a staff member, who would have been terminated if not for their resignation, shall be reported to relevant licensing or accreditation bodies and law enforcement." (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, BCC is found to have met the standard for disciplinary sanctions for staff.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC policy D1.8.13 states, "Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law enforcement. The CAO or designee of the department facility or contracted facility shall take appropriate measures and consider whether to prohibit further contact with offenders in the case of any other violations." (Page 24)

The Warden states, "We would restrict them from the institution while being investigated. Volunteers are treated like staff."

Based on the evidence provided through policy, staff interviews, and documentation review, BCC is found to have met the standard for corrective action for volunteer and contractors.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☐ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☐ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Offenders shall be subject to disciplinary sanctions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt when the offender engaged in offender on offender sexual abuse in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

b) This same policy states, "Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

The Warden states, "If they get a violation, they receive due process. We also refer them to mental health to determine if they understand what is going on."

c) This policy states, "The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

BCC SOP/D1-8.13 states, "When a PREA investigation finding is substantiated involving an offender on offender sexual abuse or sexual harassment, the Adjustment Board must receive input from a Qualified Mental Health Professional (QMHP) as outlined on the Mental Health Notification - Sexual Assault Assessment form prior to conducting the hearing. The corrective action report should indicate the mental health report was received and taken into consideration as part of the hearing process and reported findings." (Page 27)

d) MDOC policy states, "Is found guilty of sexual abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff members, as available, in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

Interviews with health services reveals referrals are being made by staff when it comes to sexual abuse.

e) This same policy states, "An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 24)

f) All staff interviewed report they received information in training regarding good faith reports. They advised training covered inmates being free from punishment for making a report of sexual abuse or sexual harassment.

g) MDOC policy states, "The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders shall not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, BCC is found to have met the standard for disciplinary sanctions for inmates.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
☒ Yes ☐ No ☐ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC has not had any instances where prior sexual abuse that occurred outside of a correctional facility was reported to the authorities during this reporting period

a, b, c, d, e) MDOC policy IS11-32, Receiving Screening – Intake Center, dated December 10, 2016 states, “If the screening identifies a need for immediate mental health intervention, a call will be made by the staff person identifying the need to the QMHP and follow up with a completed referral and screening note-health services form. If during the screening, the offender reports being sexually abused within the last 72 hours or if a forensic exam is deemed medically necessary, the coordinated response to offender sexual abuse will be initiated in accordance with departmental procedures regarding offender sexual abuse and harassment. If the screening indicates the offender has experienced prior sexual victimization whether in the community or in a correctional setting and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated and the offender will be offered a meeting with a mental health practitioner within 14 days of the intake screening. If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a meeting with a QMHP within 14 days of the intake screening.” (Page 3)

The Auditor interviewed 12 inmates who reported sexual abuse during the AIRA. They all advised they were offered mental health services immediately following the assessment.

Staff who conduct AIRA report there are certain questions that will trigger a mental health referral. They all report mental health is quick to respond.

Auditor reviewed six completed AIRA's. Based on the requirements listed in the PREA Risk Assessment Manual, mental health referrals are required. Auditor reviewed documentation showing referrals were made to mental health.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, BCC is found to have met the standard for medical and mental health screenings; history of sexual abuse

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment." (Page 17)

Health services report medical services are provided as soon as they are notified.

b) Medical and mental staff are available 24 hours a day, seven days a week to inmates of BCC.

This same MDOC policy states, "If no qualified medical or mental health practitioners are on duty at the time a report of a penetration event that occurred within 120 hours within a correctional facility, or 92 hours within a community confinement facility, custody staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners." (Page 17)

c) This same policy states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely

information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate.” (Page 18)

Health services advise they will follow any treatment plans coming out of the SANE exam and will even develop treatment plans that will follow the inmate upon transfer to another facility.

d) All medical and mental health services are offered at not cost to the inmate or perpetrator of sexual abuse as done per policy in MDOC D1-8.13.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, BCC is found to have met the standard for access to emergency medical and mental health services.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC had one instance where the perpetrator of sexual abuse was referred to mental health. Auditor reviewed seven referrals to medical and mental health. All referrals were done according to policy and to this standard.

a, f) BCC offers medical and mental health services and treatment to all inmates who have been victims of sexual abuse. This offered onsite 24 hours a day, seven days a week.

MDOC policy D1-8.13 states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate." (Page 17)

b, h) BCC offers follow up medical and mental health services as needed to all inmates who have been victims of sexual abuse.

MDOC policy D1-8.13 states, "Each victim and abuser shall be offered medical and mental health evaluations, and as appropriate, treatment to include appropriate follow-up services and treatment plans. When necessary, referrals shall be completed for continued care following their transfer to, or placement in, other facilities or their release from custody." (Page 17)

Health services report that while they have specific protocols they must follow, they are allowed to use some judgement when treating victims of sexual abuse.

c) BCC offers medical and mental health services consistent with community level of care.

This same policy also states, "Victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services." (Page 17)

Health services staff believe their level of care exceeds what is provided in the community due to the immediate response of their department.

d, e) NA BCC is an all-male facility.

g) All medical and mental health services are offered at no cost to the inmate or perpetrator of sexual abuse per MDOC policy D1-8.13.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, BCC is found to have met the standard for ongoing medical and mental health care for sexual abuse victims and abusers.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCC had one substantiated sexual abuse investigation during this reporting period.

a, b, c, d, e) MDOC policy D1-8.13 states, "Each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded. Debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry. The review team for offender sexual abuse events shall include the PREA site coordinator, and other upper level administrators, when applicable, with input from the shift supervisor, investigators, and medical or mental health practitioners, when applicable. A complete written report shall be prepared by the CAO or designee outlining in detail the findings of the debriefing sessions and recommendations for improvements utilizing the PREA sexual abuse debriefing form. The facility shall implement the recommendations for improvement, or shall document its reasons why recommendations shall not be implemented. A copy of the debriefing shall be submitted electronically to the assistant director and the PREA manager. A copy of the report shall be filed in the institutional PREA event file." (Page 20)

BCC SOP/D1-8.13 states, "The review team will consist of the PREA site coordinator, warden, regional PREA investigations manager, health services administrator/designee, and other staff deemed necessary for the review by the PREA coordinator or warden." (Page 24)

The PREA Site Coordinator states, "Should any unsubstantiated or substantiated sexual abuse investigation be received a debriefing would be held outlining in detail the findings of the debriefing session and recommendations for improvements utilizing the PREA sexual abuse debriefing form and signed by the PREA site coordinator, Health Services Administrator, the investigator and the shift supervisor."

The Auditor reviewed one debriefing and found it was conducted per MDOC policy and meets the requirements of this standard.

Based on the evidence provided through policy, staff interviews, and documentation review, BCC is found to have met the standard for sexual abuse incident reviews.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☐ Yes ☐ No ☒ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC policy D1-8.13 states, "Annual Site Report: Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA manager by the last working day in March. The report shall include: identified problem areas, recommendations for improvement, corrective action taken, if recommendations for improvements were not implemented, reasons for not doing so, a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse, an evaluation of the need for camera and monitoring systems, in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to: the staffing plan, the deployment of video monitors, and the resource availability to adhere to the staffing plan. The yearly report shall be submitted to the division director and the department PREA manager no later than the last working day in March. The PREA manager shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 24, 25)

e) NA Neither MDOC nor BCC contracts for placement of inmates in their custody.

f) NA DOJ has not requested agency data.

The PREA Site Coordinator reports, "Historically, the data needed to complete the annual Survey of Sexual Violence was collected in the Corrections Information Network [COIN] system. Beginning in January 2019, the Department deployed our new database for investigations, the Investigative Report Intelligence System [IRIS] which is now the Department's data collection system for all investigations conducted within the Department."

The Auditor reviewed the 2016, 2017 MDOC PREA Annual Reports and the 2017 Survey of Sexual Victimization. In addition, the Auditor was provided copies of BCC's 2016, 2017 and 2018 PREA Annual Report.

Based on the evidence provided through policy, staff interviews, and documentation review, BCC is found to have met the standard for data collection.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC policy D1-8.13 states, "The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

The Auditor reviewed the 2016, 2017 MDOC PREA Annual Reports and the 2017 Survey of Sexual Victimization. In addition, the Auditor was provided copies of BCC's 2016, 2017 and 2018 PREA Annual Report.

The PREA Site Coordinator reports, "Historically, the data needed to complete the annual Survey of Sexual Violence was collected in the Corrections Information Network [COIN] system. Beginning in January 2019, the Department deployed our new database for investigations, the Investigative Report Intelligence System [IRIS] which is now the Department's data collection system for all investigations conducted within the Department."

Based on the evidence provided through policy, staff interviews, and documentation review, BCC is found to have met the standard for data review for corrective action.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) The Site Coordinator keeps all investigations, data tracking forms, monthly statistic reports secured in a locked file cabinet.

b) MDOC policy D1-8.13 states, "The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

Auditor reviewed the MDOC 2015 and 2016 PREA Annual Report. These reports contained information on the progress the department made in the previous years in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

c) This same policy states, "The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and

security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited.” (Page 25)

d) According the Agency Records Disposition Schedule (Inspector General Section) , this information is retained for five years, and then it is destroyed.

Based on the evidence provided through policy, staff interviews, and documentation review, BCC is found to have met the standard for data storage, publication, and destruction.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) During the prior three-year audit period, MDOC ensured each of their facilities was audited at least once.
- b) This is the second year of the current audit cycle, MDOC ensured at least one-third of their facilities was audited during the first year of the current audit cycle.
- h) The auditor had access to, and the ability to observe, all areas of BCC.
- i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information) needed to complete the audit.
- m) The Auditor permitted to conduct private interviews with inmates and staff.
- n) Inmates permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. The Auditor received two letters from BCC inmates.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, BCC is found to have met the standard for frequency and scope of audit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

It's clear that BCC believes that incarcerated individuals have the right to be free from sexual abuse and sexual harassment. This zero-tolerance culture is evident in the policies of the agency, the actions of BCC leadership as well as the knowledge the staff demonstrated of PREA. BCC leadership was quick to ask great questions when it came to the cross-gender viewing of the toilets in the segregation and crises level units. They were very open with the Auditor and wanted the Auditor's input. Staff was able to articulate the agencies coordinated response to sexual abuse and harassment.

The overall theme of the interviews with inmates included feeling safe at the facility and the belief that staff takes reports of sexual abuse seriously. The inmates were able to explain how to report incidents of sexual abuse and harassment and were able to discuss how they were exposed to PREA education upon intake. While some stated they could not remember the PREA video in its entirety, they did remember viewing it. All inmates reported they knew that opposite gender staff announced themselves at the beginning of each shift. Several inmate interviews indicated that once a PREA allegation was made, the victim was immediately placed in segregation. The Auditor reviewed additional random files while on site which are maintained by the Site Coordinator and found that this was not the practice of BCC.

Staff knew their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff was able to articulate the coordinated response to sexual abuse and harassment. They knew to separate the victim from the alleged perpetrator, secure the scene and to contact their supervisor. They stated that all reports would be documented by the end of shift. They also stated that if they received knowledge of someone being in imminent danger they would immediately secure the safety of that individual. It is clear that there is a zero –tolerance culture at BCC.

Interviews with specialized staff were completed and the results were positive and supported the zero-tolerance culture. Each knew their role and responsibilities as it pertains to PREA compliance and documentation. They articulated the coordinated response and the expectations that staff would follow all policies. Administrative staff was very open to any suggestions the Auditor presented during the tour and the exit meeting.

Documentation provided in the pre-audit questionnaire was well organized and easy to read. BCC was found to be in compliance with all PREA standards and was determined to have exceeded two of them.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

/s/ Elisabeth M. Copeland

January 24, 2020

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report September 9, 2020

Auditor Information

Name: Elisabeth Copeland	Email: lisa@preaauditing.com
Company Name: PREA Auditors of America, LLC	
Mailing Address: 14506 Lakeside View Way	City, State, Zip: Cypress, TX 77429
Telephone: 713-818-9098	Date of Facility Visit: July 27 – 29, 2020

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Missouri Department of Corrections		State of Missouri	
Physical Address: 2729 Plaza Drive		City, State, Zip: Jefferson City, MO 65102	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: http://docintranet.ads.state.mo.us/Division/OD/PREA.htm			

Agency Chief Executive Officer

Name: Anne Precythe	
Email: Anne.Precythe@doc.mo.gov	Telephone: 573-526-6607

Agency-Wide PREA Coordinator

Name: Vevia Sturm	
Email: Vevia.Sturm@doc.mo.gov	Telephone: 573-522-3335
PREA Coordinator Reports to: Matt Briesacher, Office of Professional Standards	Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility: Eastern Reception Diagnostic Correctional Center

Physical Address: 2727 Hwy K

City, State, Zip: Bonne Terre, MO 63628

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☒ State

☐ Federal

Facility Type:

☒ Prison

☐ Jail

Facility Website with PREA Information: <http://docintranet.ads.state.mo.us/Division/OD/PREA.htm>

Has the facility been accredited within the past 3 years? ☐ Yes ☐ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐ ACA

☒ NCCHC

☐ CALEA

☐ Other (please name or describe: Click or tap here to enter text.

☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
No

Warden/Jail Administrator/Sheriff/Director

Name: Stan Payne

Email: Stanley.Payene@doc.mo.gov

Telephone: 573-358-5516, ext. 1888

Facility PREA Compliance Manager

Name: Julie Bell

Email: Julie.Bell@doc.mo.gov

Telephone: 573-358-5516, ext. 1805

Facility Health Service Administrator ☐ N/A

Name: Shanta Coffman

Email: Shanta.Coffman@doc.mo.doc

Telephone: 573-358-5516, ext. 1639

Facility Characteristics		
Designated Facility Capacity:	2684	
Current Population of Facility:	2564	
Average daily population for the past 12 months:	2560	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18 to 92	
Average length of stay or time under supervision:	varies	
Facility security levels/inmate custody levels:	C-1 -C5/Minimum to Maximum	
Number of inmates admitted to facility during the past 12 months:	4403	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	4403	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	4403	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	672	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	183
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	5
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	93
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0 – Due to Covid -19
Physical Plant	
Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	21
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	11
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	11
Number of open bay/dorm housing units:	2
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	345)
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams		
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)	
Investigations		
Criminal Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	10	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	
Administrative Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	10 Agency, 2 facility	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

PRE-AUDIT

A Notice of PREA Audit was sent to Eastern Reception Diagnostic Correctional Center (ERDCC) on June 23, 2020 via the Missouri Department of Corrections Statewide PREA Coordinator, Vevia Sturm. Notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditor and advised staff and offenders that the onsite portion of the PREA audit will be conducted on July 27 – 29, 2020.

On August 5, 2020, this Auditor finally received a flash drive containing ERDCC's Pre-Audit Questionnaire. This was approximately one week after the onsite portion of this audit. The flash drive contained department and agency policies, curriculum and other supporting documentation. The files were divided up by standard and were easy to read and navigate.

The Auditor reviewed the provided documentation and began completing the Auditor's Compliance Tool to determine a baseline for compliance and to formulate questions for the onsite portion of the audit.

On July 24, 2020, a tentative agenda for the PREA audit was sent the Statewide PREA Coordinator for MDOC to be distributed to the facility. This agenda outlined the when the auditing would be on site, the types of staff and inmates that would be interviewed and when the audit would conclude. The agenda also outlined which specialized staff would be interviewed as well as which specialized inmate populations would be interviewed.

ONSITE

The Auditor was greeted by Deputy Warden (Site Coordinator) Julie Bell. After the initial meeting and discussion of the COVID-19 outbreak and quarantine areas, a detailed tour was provided to the Auditor.

Site Coordinator Julie Bell lead the onsite tour. The Statewide PREA Coordinator Vevia Sturm also participated in the tour. The tour began with the housing units not under quarantine due to the Covid-19 pandemic. The Auditor viewed camera placements, showers/restrooms and observed cross-gendered announcements being made to offenders. PREA reporting information was clearly marked on bulletin boards in each living unit toured. In all housing units' toilets and shower stalls all had appropriate coverings. The "Notice of PREA Audit" was also clearly visible throughout the available areas of tour.

In addition to the living units, intake, medical area, outside recreation, inside recreation, dining areas, library, programs, and control posts were also toured. PREA reporting information in English and Spanish were found on every bulletin board and were clearly marked.

Immediately after the tour, the Site Coordinator provided the Auditor with staff rosters from all three shifts and provided a list of specialized staff. The Auditor then randomly selected staff from each shift, as well as established times to interview specialized staff.

The Site Coordinator provided the Auditor with available housing unit rosters. In reviewing the housing rosters the Auditor randomly selected inmates from each available non-quarantined unit for random inmate interviews and selected inmates for the targeted protocols. Based on the available inmate population, inmates were selected for the following targeted protocols: Transgender Inmates, Inmates with Physical Disabilities, Inmates who are Blind or Deaf, Inmates who are Limited English Proficient and Inmates who have Reported Sexual Abuse. A total of 50 inmates were selected to be interviewed. ERDCC provided confidential locations in the training center for the auditing team to interview inmates.

ERDCC provided appropriate accommodations for the Auditor to conduct inmate and staff interviews. The auditor was given access to staff files, inmate files and any documentation that was requested. Facility staff was great to work with and were very accommodating. The Site Coordinator and Warden were readily available to answer any questions and assist in any way. Staff at ERDCC was extremely helpful and polite throughout the entire process and escorted the Auditor throughout the facility.

Auditors interviewed a total of 50 inmates that had various lengths of stay. In addition, the Auditor interviewed a total of 30 staff to include the Warden, Mental Health Staff, Human Resources staff, Grievance Officer, Upper Level Supervisors, Intake Staff, Staff who Perform Risk Screening, Volunteers, staff who Monitor Retaliation, members of the Debrief Team, Investigators, as well as random staff from all shifts.

Prior to the exit interview, the Auditor reviewed onsite documentation. There was an exit interview conducted at the end of the site visit.

POST AUDIT

After the onsite portion of the PREA audit, this Auditor reviewed the notes from the tour; all interviews conducted. Pre-Audit documentation was provided after the onsite portion of the audit was completed. While it was well organized and easy to read it did make it difficult to get a complete picture of ERDCC while the Auditor was onsite. Work on the final audit report began.

On September 9, 2020, the PREA audit report was submitted to the PREA Resource Center and copies were sent to MDOC's statewide PREA coordinator.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Eastern Regional Diagnostic Correctional Center (ERDCC) is in Bonne Terre, Missouri. ERDCC consists of 21 buildings. Inmate housing, which consists of 11 housing units, includes two open bay/dorm style units and 345 segregation cells.

ERDCC receives offenders sentenced to the Missouri Department Corrections. It is a Reception and Diagnostic Center as well as houses long term general population.

ERDCC currently houses 2,684 adult male offenders. During the past 12 months 4,403 offenders have been admitted to this facility. The age range of the current population is 18 to 92 with custody levels ranging from minimum to maximum custody. ‘

ERDCC has 672 employees who have contact with the offender population. This staff is responsible for the security of all buildings located at ERDCC. In addition to its 672 employees, ERDCC also has 93 individual contractors who are currently authorized to enter the facility. At this time there are zero volunteers allowed to enter the facility due COVID-19 protocols. There are 10 investigators across the State of Missouri who are a part of the PREA Unit with one facility investigator at ERDCC.

ERDCC is located within a secure perimeter. The facility has the official capacity to house 2,684 offenders.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded:

Standards Met

Number of Standards Met: 44

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: NA

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019 outlines the agencies approach to preventing, detecting and responding to sexual abuse and sexual harassment of individuals confined at all of its' facilities. This same policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment. This mandate can be found on page 5 of this policy. It states, "All department staff members, contractors, or volunteers shall not engage in abuse or sexual harassment of an offender which includes sexual contact with or without the offender's consent. The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation. Staff members shall communicate professionally with all offenders, including gender non-conforming offenders in accordance with institutional services procedures regarding transgender and intersex offenders. Offender sexual abuse by a department staff member is a felony and could result in the requirement to register as a sex offender."

The MDOC Employee Handbook states, "When any employee of the Department has reason to believe that an offender has been abused, the employee must immediately report all pertinent details in writing to the Department Director. Failure to report offender abuse is a class A misdemeanor.

A Department employee who works at a correctional center commits the crime of sexual contact with an offender by having sexual intercourse or deviate sexual intercourse with an offender confined in a correctional center. A probation and parole officer commits the crime of sexual contact with an offender if the officer has sexual intercourse or deviate sexual intercourse with an offender who is under the supervision of the officer. (Deviate sexual intercourse is a very broad term that is not limited to intercourse; it includes other forms of physical contact of a sexual nature.) The offender's consent is not a defense to this crime. Sexual contact with an offender is a class D felony, which carries a maximum sentence of incarceration for four years." (Page 20)

This same policy also provides definitions of prohibited behavior regarding sexual abuse and sexual harassment on pages 2 and 3 under "Definitions" in Section II.

(b) Policy D1-8.13 also designates an upper-level, agency wide PREA Coordinator. Page 5 of this policy states, "To ensure compliance with the Prison Rape Elimination Act (PREA), the department shall employ a full-time PREA manager responsible for implementation and oversight of the department's efforts to prevent, detect, and respond to offender sexual abuse, harassment, and retaliation." The agency wide PREA Coordinator is located in MDOC's Central Office in Jefferson City and reports directly to the Office of Professional Standards, which in turn, reports to the Director of MDOC. The Auditor was provided a copy of MDOC's organizational chart outlining this chain of command.

While the agency wide PREA Coordinator does not directly supervise the 21 PREA Site Coordinators (one PREA Site Coordinator per adult state institutions in Missouri) the agency wide PREA Coordinator communicates regularly with Site Coordinators via meetings and email.

(c) ERDCC has a designated PREA Site Coordinator as mandated by MDOC policy D1-8.13. Page 5 of this policy states, "Each facility and community confinement facility shall designate a PREA site coordinator who has sufficient time and authority to ensure the facility's compliance with the PREA standards at their assigned facility. The director of the division of adult institutions shall designate a PREA site coordinator at each facility at the level of deputy warden. The division director of the board of probation and parole shall designate a PREA site coordinator at each facility at the level of unit supervisor or higher."

ERDCC's PREA Site Coordinator is also the Deputy Warden of Offender Management and reports directly to ERDCC's Warden. The Auditor was provided a copy of ERDCC's organizational chart outlining this chain of command.

ERDCC's PREA Site Coordinator reports she has enough time to manage her PREA related responsibilities in addition to her responsibilities as Deputy Warden. She states, "I make sure everyone is aware of the standards making sure the proper announcements are being made. I use emails and visits to get the information out to staff."

Staff reported the ERDCC takes zero-tolerance very seriously. Each staff person interviewed knew their roles in responding, preventing and detecting sexual abuse. Inmates interviewed reported they felt staff would take a report of sexual abuse seriously.

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, ERDCC is found to have met the standard for zero-tolerance.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ERDCC does not contract with other agencies/facilities to house inmates assigned to ERDCC. This was confirmed through interviews with administrative staff and documentation review.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☐ Yes ☐ No ☒ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or

standards? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(c) MDOC policy D1-8.3, Offender Sexual Abuse and Harassment, dated June 14, 2019 states, "The department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The staffing plan shall consider the facility's physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the composition of the offender population, and the prevalence of substantiated and unsubstantiated offender sexual abuse allegations. Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted." (page 6)

ERDCC's staffing plan is predicated on the average daily population (ADP) of 2,684 which is the design capacity of the facility. ERDCC reported their ADP since their last PREA audit in 2017 was 2,560. The facility's administration report ERDCC has never been over capacity. ERDCC's current population is 2,564.

Central Office does take into consideration generally accepted detention and correctional practices, judicial findings of inadequacy, findings of inadequacy from federal investigative agencies, internal and external oversight bodies, physical plant layout, composition of inmate population, placement of supervisory staff, institutional programs, applicable state and local laws, regulations or standards, and the prevalence of substantiated and unsubstantiated incidents of sexual abuse.

Both the Warden and the PREA Site Coordinator report ERDCC conducts camera reviews once a year to determine where staff are needed. They advise ERDCC tracks where incidents happen, review shift summary reports and population in all housing units. This information is provided to the PREA Coordinator through an annual report titled, "The PREA Staffing and Yearly Reporting Implementation Team." The Auditor was provided a copy of 2019 report filed by ERDCC showing compliance with the staffing plan.

The Auditor reviewed the 2019 PREA Annual Report filed by ERDCC. These reports cover all sexual abuse and sexual harassment allegations filed in that calendar year, camera monitoring reviews, staffing plan compliance, and any correction action ERDCC made to maintain compliance with the PREA standards.

While camera and video monitoring are included in ERDCC's PREA Annual Reports, ERDCC does file a separate annual report specifically for this topic.

(b) There have been no deviations from ERDCC's staffing plan in the past 12 months.

The Warden states, "We use a daily report of attendance to track deviations. It tracks call ins and scheduled absences. I also have daily communication with the captains and the timekeeper."

(d) ERDCC requires intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment of inmates.

MDOC policy D1-8.13 states, "Each institution shall ensure the classifications of lieutenant or above conduct and document unscheduled and unannounced rounds to identify and deter offender sexual abuse and sexual harassment. Each facility shall ensure that rounds occur periodically in all areas of the facility. Staff members shall be prohibited from alerting other staff members that these rounds are occurring. The rounds shall be documented and readily accessible during audits as outlined in the facility's standard operating procedure." (page 6)

The Auditor interviewed an upper-level supervisor. This supervisor report they are required to check each area of the facility at least once a month. They stated, "We check each shift and look at shower curtains, signs, and if there are items blocking the windows." They added, "We document our rounds on the shift forms."

The Auditor reviewed random housing units sign in showing unannounced rounds are being conducted on every shift in every housing unit.

Each supervisor reports they have not had an incident where staff were alerted at other housing units when these rounds were conducted. They stated, "We have not had that happen in at least ten years."

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, ERDCC is found to have met the standard for supervision and monitoring.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ERDCC does not house youthful inmates. This was confirmed through interviews with administrative and frontline staff, as well as, through the tour of the facility and documentation review.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
☐ Yes ☐ No ☒ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(c) ERDCC does not allow cross-gender strip searches or cross-gender visual body cavity searches of inmates.

MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019, states, "Cross-gender strip searches are not allowed except in exigent circumstances. All cross-gender strip searches shall be documented as outlined in the institutional services and probation and parole procedures regarding searches." (Page 12)

MDOC policy IS20-1.3, Searches, dated November 2, 2019 also states, "Strip searches shall be conducted by staff members of the same gender as the subject of the search, except in exigent circumstances. Exigent circumstances include: time delaying a search could allow for the destruction of evidence; escape of an offender; endangerment of life, health or property of staff members, offenders, or the public; and emergency movement situations (i.e. crime scene where evacuation of offenders needs to occur immediately and/or a check for weapons. Upon request, offenders who identify as transgender or intersex, will be provided privacy from other offenders when being strip searched. Staff members shall document a cross gender strip search on the cross-gender search form. The shift supervisor shall make all applicable notifications in accordance with standard operating procedures and forward the cross-gender search form to the PREA site coordinator and include a copy to the use of force packet if applicable. The PREA site coordinator shall review the cross-gender search form. If it is determined the search was conducted under non-exigent circumstances, it shall be referred for review and action as deemed appropriate. The PREA site coordinator shall maintain the cross-gender search form and supporting documents for tracking purposes." (Pages 6 -7)

ERDCC reports there have been no incidents of cross-gender strip searches or cross-gender visual body cavity searches of inmates since their last PREA audit in 2017. There have been no incidents where medical staff have conducted such searches.

Interviews with inmates confirm this practice.

(b) N/A ERDCC is a male only facility.

(d) MDOC/ERDCC has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their buttocks and genitals.

MDOC policy D1-8.13 states, "Offenders shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff members of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks in accordance with, institutional services, and probation and parole procedures regarding searches." (Page 12)

The Auditor reviewed random housing unit logs from each unit and found cross gender announcements are being completed on each shift. These announcements are documented as "PREA Announcements" on the log. The date and time the announcement is made is listed as well as the initial of the officer who made the announcement.

While touring ERDCC the Auditor heard a cross gender announcement or saw a blue sign in the control window announcing female staff are on duty.

All inmates interviewed reported they either heard the PREA announcement in the morning or saw the blue sign in the control window.

While observing the shower and restroom areas in the housing units, the Auditor found the following:

- In Building 16A (Reception and Diagnostic) is a gender specific post. Strip searches are done behind a half wall with cloth barriers posted at sides to ensure privacy. There are nine (9) waiting areas (rooms). Each room has an open toilet. The door to each contains a partially frosted glass to provide privacy when using the toilet.
- In Housing Unit 6 (Incentive Housing) and Housing Unit 1, showers are individual stalls with hanging curtains to ensure privacy. Each two-man cell contains an open toilet in the front corner of the cell. When looking through the window of the cell door, the Auditor had to really look to see the full toilet.
- Building 13A contained Recreation, Chapel, Education, Library and Medical
 - Recreation contains the gym and weightlifting. There is an offender bathroom with individual stalls (no doors) and two urinals. The Auditor noticed a mirror in the doorway to the restroom area. This mirror was angled in such way that the urinals could be viewed by any person in the gym area. This was brought to ERDCC administration attention and the mirror was removed.
 - The Chapel has no restrooms.
 - Education contains multiple classrooms that can be easily viewed through windows from the hallway. Restrooms are located in the hallway behind a solid door. Only one inmate at a time is allowed. They must have permission to use the restroom during class time.
 - Library has an open floor plan and also contains a Law Library. There are no restrooms available in the library.
 - Medical contains exam rooms, offices and a dentist. The Infirmary is separate from the medical area. During the onsite portion of the audit, the Infirmary was under quarantine due to Covid-19.
- Housing Units 2, 3, 4, 5, 8, 9, and 10 are set up like Housing Unit 1 and 6. These housing units were under quarantine during the onsite portion of the audit due to Covid-19.
- Housing Unit 7 (Segregation) was not toured due to being under quarantine due to Covid-19.

- Housing 11 is open bay dorm style housing unit. Inmates assigned to this dorm are work release inmates. The showers and toilet areas are located at the front of the housing unit. This area has enough privacy for inmates to shower and tend to bodily functions without female staff observing inmates unclothed.
- The Programs Building (MVE) has not been opened since March 2020 due to the Covid-19 pandemic.

Staff report there is never a time where male inmates will be unclothed in front of non-medical female staff.

(e) MDOC policy D1-8.13 states, "Staff members shall not perform strip or pat-down searches or conduct a physical examination for the sole purpose of determining an offender's genital status in accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center." (page 13)

This same language is also found in IS20-1.3, Searches, dated November 3, 2019.

MDOC policy D1-8.13 states, "If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members." (Page 9)

MDOC policy IS11-34.1, Health Assessment and/or Physical Examinations at Reception, dated June 18, 2018, also states, "The facility will not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by the responsible physician." (Page 4)

All staff interviewed reported searching an inmate solely for the purpose of determining genitalia was strictly forbidden.

The Auditor interviewed two transgender inmates. These inmates stated they have never been searched to determine their genitalia.

(f) MDOC policy D1-8.13 states, "Staff members shall be trained in how to conduct cross gender pat down searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible as consistent with security needs." (Page 13)

ERDCC reports 100% of staff have received cross-gender and transgender pat down search training.

Staff interviewed report they received this training while at the academy.

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, ERDCC is found to have met the standard for cross-gender viewing and searches.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders." (Page 10)

This same policy also states, "To notify hearing impaired offenders of cross gender staff in the housing unit, all housing units should display a sign indicating when a cross gender staff member is present." (Page 12)

The Auditor interviewed an inmate who was identified as being hearing impaired who reported he knew how to report sexual abuse and had access to TTY phones.

ERDCC reported there were no inmates with physical or cognitive disabilities. This was confirmed through interviews with random ERDCC staff and random inmate interviews.

During the tour of ERDCC in areas not quarantined, signs were posted throughout the facility providing inmates who are hard of hearing or deaf, instructions on how to dial the TTY (Text Phone or Teletypewriter) phone system.

MDOC also has in place multiple contracts with Missouri agencies for Sign Language Interpretation Services. These agencies include: Access Interpreters LLC, ASL Communication Services Inc., Associates in Sign Language LLC, Columbia Interpreting Services, Deaf Empowerment Awareness Foundation, Deaf Inter-Link Inc., Global Village Language Center, International Language Center, Interprettek, Interpreters Unlimited, MT & Associates LLC, and TLC Interpreting Services LLC.

The PREA video showed during orientation is also available in closed caption for hearing impaired inmates.

ERDCC also has PREA information prepared in braille for any inmate who is visually impaired. PREA Acknowledgement forms (acknowledging PREA education) can also be found in large print. The PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in large print.

All staff at ERDCC have received the training, "Special Needs Offenders," during basic training. This curriculum teaches staff to compare and contrast individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Staff are also taught how to assess the potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication.

b) MDOC policy D1-8.13 states, "Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment." (Pages 10- 11).

ERDCC has PREA Acknowledgement forms (acknowledging PREA education) in the following languages: Chinese (Simplified and Traditional), English, Japanese, Russian, Serbo Croatian, Spanish and Vietnamese. PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in the same languages.

A written transcript of PREA video showed during orientation is also available in English and in Spanish.

During the tour of ERDCC, the Auditor noted PREA posters announcing zero tolerance and how to report sexual abuse were posted in English and in Spanish.

c) MDOC policy D1-8.13 states, "Offender interpreters shall not be utilized except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first responder duties, or the investigation." (Page 15)

All ERDCC staff interviewed supported this this practice.

Based on the evidence provided through policy, staff and inmate interviews, documentation review and the tour of the facility, ERDCC is found to have met the standard for working with inmates with disabilities and inmates who are limited English proficient.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? ☒ Yes ☐ No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, f, g) MDOC policy D1-8.13 states, "Department staff members shall not hire or promote any person, employee, or enlist the services of any contractor that may have contact with an offender when it is known that he: has engaged in sexual abuse with an offender in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse." (Page 7)

MDOC application for employment specifically asks these three questions.

b) This same policy also states, "Department staff members shall consider any incidents of sexual harassment in determining whether to hire or promote any person or enlist the services of any contractor who may have contact with offenders in accordance with the department's procedures regarding background investigations, promotional appointments, maintenance of employee records, employee discipline, and labor organizations." (Page 7)

A representative from human resources states, "Yes, we do. If they allude to a PREA incident, based on that alone, we do not hire them." The representative also states, "All legal issues must be reported.

The MDOC Employee Handbook states, "Employees who are arrested or charged with a criminal offense must immediately notify the chief administrative officer or highest-ranking staff member available. In this context, immediate means as soon as possible but no later than the beginning of the next shift worked by the employee. Employees are required to report arrests and charges for all felonies and any misdemeanor, except a minor traffic violation. Alcohol related charges and driving while license is suspended or revoked are not minor traffic violations, so employees must report those matters. Employees must report any citation or arrest for a traffic violation that occurred while operating a state-owned vehicle. In addition to making an immediate oral report, employees must submit to the chief administrative officer a detailed written account of the incident that led to the employee's arrest or filing of criminal charges. Employees must submit this written account before the end of the next shift worked after being arrested or charged. In the event that an employee is on leave, the employee is required to provide written notification as soon as possible but no later than three days after being arrested or charged. Employees must notify the chief administrative officer in writing about court appearances related to the charges in advance of the court appearance. Employees must promptly provide a written account of the final disposition of the charge. This includes any plea that results in a suspended imposition or execution of sentence." (Page 18)

c, d, e) MDOC policy D1-8.13 states, "Before hiring new employees the human resources staff members or designee shall: perform a criminal background records check; and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the department procedure regarding background investigations." (Page 7)

A representative from human resources states, "Yes, before they come to work. We then do one annually on their birth month. We also do another background check when they get promoted." The representative added, "We use MULES (Missouri Uniform Law Enforcement System, NCIC and CaseNet." CaseNet is computer system used to check local court filings.

While onsite, the Auditor reviewed 10 employees' files and found criminal background checks have been completed per this standard.

g) The human resource representative states, "Any inquiries about former employees are not handled at the facility level. This is referred to Central Office."

Based on the evidence provided through policy, staff interviews, and documentation, ERDCC is found to have met the standard for hiring and promotional decisions.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) ERDCC has not modified or expanded its facility or acquired additional buildings since their last PREA audit.

b) MDOC policy D4.4.8, Security Camera Operations, dated November 23, 2019 states, "To assist in the prevention, detection and prosecution of offender sexual abuse and overall security of the facility, the security camera committee will conduct an annual assessment of the entire facility and submit a report to the CAO indicating the status of the camera system and recommend changes and additions. The CAO or designee will maintain a current document reflecting existing video equipment, requests for new purchases, and identified areas needing video surveillance. A copy of this document will be forwarded to the security intelligence unit. When debriefing critical incidents consideration shall be given as to whether security camera equipment or monitoring shall be augmented to supplement supervision by staff members in accordance with department procedures regarding serious incident reporting and debriefing. All changes will be shared with the security intelligence unit." (Page 3)

Based on the evidence provided through policy and the tour of the facility, ERDCC is found to have met the standard for upgrades to the facility and technology.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) MDOC Statewide PREA Coordinator states, "The PREA Unit Investigators utilize nationally recognized protocols for the collection and preservation of evidence as discussed in the 'A national Protocol for Sexual Assault Medical Forensic Examinations.' The protocols utilized are appropriate for youthful offenders. The Department's evidence protocol is outlined in D1-8.8, Evidence Collection, Accountability and Disposal."

All ERDCC staff interviewed were able to explain to the Auditor MDOC's requirements as it relates to preserving evidence and securing a crime scene. All staff advised victims and perpetrators would not be allowed to shower, brush their teeth, drink water, smoke, change clothes or use the restroom until they were told they could do so.

c) MDOC policy D1-8.13 states, "Health Services staff member cannot collect physical evidence from a victim or perpetrator following a report of offender sexual abuse but may assist in the preservation of items related to the incident. A sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE) may collect evidence in conjunction with a sexual assault examination. Health services staff members shall screen victims for obvious physical trauma and provide emergency medical care. If the alleged perpetrator is a staff member, the victim shall be transported to the community emergency room for a sexual assault examination to be performed by a SANE or SAFE. The offender shall be out counted when the incident is alleged to have occurred within 120 hours. If an allegation of offender sexual abuse is made within 120 hours of the alleged event and consists of

penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis, the health services staff member shall: Contact the on call SANE staff member to inform them to report to the facility and determine the staff member's estimated time of arrival. Notify the shift commander that a sexual assault examination is needed and the estimated time of arrival of the SANE staff member. The shift commander shall proceed with the coordinated response as outlined in the coordinated response protocol for institutions." (Page 17)

In the past 12 months, there have been five (5) forensic medical exams, SANE/SAFE's, or exams performed by qualified medical practitioner on inmates assigned to ERDCC.

There were no SANE nurses onsite during the onsite portion of this audit.

The Statewide PREA Coordinator reports, "Forensic exams are conducted onsite at each Missouri Department of Corrections facility by certified Sexual Assault Nurse Examiners which are provided through the Department's medical contract with Corizon."

The Auditor reviewed Corizon's Contractual Requirement document. It states, "Offenders who report sexual assault will be treated for immediate stabilizing healthcare needs onsite and then transferred to an offsite hospital emergency room/SANE/SAFE provider for forensic evaluation and treat. Corizon has contracts and access through HealthLink for accessing SANE/SAFE providers." (Page 43)

d, e) MDOC policy D1-8.13 states, "Each facility will offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility will attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt will be documented and advocacy services will be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. When the facility cannot successfully enter into a MOU with an outside community service provider for offender victim advocacy services, or when the outside community advocate is not available, a qualified staff member victim advocate will be provided. All staff members serving as a designated victim advocate for offenders will receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims will be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee will serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee will ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety will receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous, to the office of the inspector general. Offenders will have reasonable access upon their request to the ongoing services of a victim advocate to include: Communication by mail or special visits in as confidential manner as possible to maintain safety and security of the institution. Being informed prior to being given access to a victim advocate, the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates will be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits will be arranged through the PREA site coordinator or designee. Facilities will make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations. The facility will enable reasonable communication between offender victims and these organizations. A list of the above will be maintained in the library and/or other common areas of every facility." (Pages 21 -22)

MDOC also has contract with the Missouri Coalition Against Domestic and Sexual Violence (MCADSV) to train facility chaplains to act as qualified agency staff victim advocate. The Auditor reviewed MCADSV

There was one inmate onsite who had reported sexual abuse in the past 12 months; however, this inmate would not confirm he had made this report.

f) NA MDOC/ERDCC are responsible for administrative and criminal investigations.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, ERDCC is found to have met the standard for evidence protocol and forensic examinations.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) MDOC policy D1-8.13 states, "The department shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website." (Page 20)

This same language is also found in MDOC policy D1-8.1, Office of Professional Standards, dated July 1, 2017. MDOC PREA Unit is housed under the Office of Professional Standards.

MDOC policy D1-8.4, Institutional Investigations, dated July 1, 2017 covers administrative investigations. This policy states, "An inquiry or investigation may be conducted by an institutional investigator when: an offender may have engaged in a violation of offender rules; or, there is staff member on offender sexual harassment. Allegations of offender sexual harassment or offender sexual abuse related to pat searches or uses of force will be processed in accordance with the PREA coordinated response protocol." (Page 3)

In the past 12 months, ERDCC has had 53 allegations of sexual abuse or sexual harassment. All 53 allegations resulted in either administrative or criminal investigations.

Interviews with investigators confirmed all allegations of sexual abuse and sexual harassment are referred for investigation.

Based on the evidence provided through policy and staff interviews, ERDCC is found to have met the standard for policies to ensure referrals of allegations for investigations.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, c) ERDCC has trained 100% of their staff in the prevention, detection, and response to sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "All new staff members shall complete the department's online sexual misconduct and harassment training within 5 working days of employment. All staff members shall receive initial PREA training during the department's basic training. All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years in which an employee is not required to complete training, the department's PREA manager shall provide current information on sexual abuse and sexual harassment policies via the department's PREA intranet page <http://docintranet.ads.state.mo.us/Division/OD/PREA.htm>." (Page 7)

All staff interviewed were able to discuss details of the PREA training they received during basic training and annual PREA refreshers.

b) While ERDCC is a male only facility, the same MDOC policy addresses gender specific training staff will receive when working at a female facility or when they transfer to a female facility from a male facility. This policy states, "All new staff members who shall be placed at a female facility shall receive Working With The Female Offender training prior to being placed at a post. Staff members shall receive additional training if they are reassigned from a facility that houses only male offenders to a facility that houses only female offenders. Staff members shall receive additional training if they are

reassigned from a facility that houses only female offenders to a facility that houses only male offenders if their basic training or institutional basic training occurred more than two years prior to the time of assignment.” (Page 8)

d) MDOC policy D1-8.13 states, “ All completed PREA training shall require a PREA acknowledgment form or PREA basic training acknowledgment form stating the staff member understood and completed the training. This form shall be routed through the facility training officer or regional training coordinator. The facility training officer or regional training coordinator shall send the original PREA acknowledgment form to the central office human resources personnel for retaining in the employee's personnel file.” (Page 8)

ERDCC documents, through employee signature, the understanding and completion of the training they have received. The Auditor reviewed 10 files and found each staff person had PREA training.

Based on the evidence provided through policy, staff interviews, and documentation review, ERDCC is found to have met the standard for employee training.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b) ERDCC has trained 100% of all contractors and volunteers who enter the facility and have contact with the inmates.

MDOC policy D1-8.13 states, "All part-time employees, volunteers, and contract staff members shall receive PREA training specific to their classification as determined by the appropriate division director and chief of staff training... Vending contractors shall be escorted by a staff member at all times or shall receive PREA training prior to entering the facility." (Page 7)

All volunteers interviewed report receiving PREA training that included the zero-tolerance policy and how to report sexual abuse or sexual harassment.

c) MDOC policy states, "Volunteer acknowledgment forms shall be retained in the volunteer's file by designated facility staff members. Vending contractors acknowledgment forms shall be retained in the vendor file by designated facility staff members. Work release supervisor acknowledgment forms shall be retained by the work release coordinator at the facility in the work release supervisor's file." (Page 8)

While onsite the Auditor reviewed training records of volunteers and contractors finding all eight had received the required PREA training.

Based on the evidence provided through policy, interviews, and documentation review, ERDCC is found to have met the standard for volunteer and contractor training.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) ERDCC reports 4,403 inmates have received PREA education in the past 12 months in accordance with policy.

MDOC policy D1-8.13 states, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment." (Page 12)

Intake staff a ERDCC states all inmates are given a PREA flyer when they first come into the facility. The flyer covers the zero-tolerance policy and how to report sexual abuse and sexual harassment. Intake staff also advise the PREA orientation video is then shown 24 hours later.

All inmates interviewed reported receiving PREA information the first day they arrived at ERDCC.

e) ERDCC documents all inmate education. While onsite the Auditor reviewed the records of 10 inmates and found all inmates received PREA information and orientation within the required timeframe.

f) During the tour of ERDCC, the Auditor observed PREA information signs and way to report posted in the housing units toured, as well as in the hallways in Education, Medical, Chapel, Recreation, Kitchen, Reception and Diagnostic. This information is posted in English and Spanish.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, ERDCC is found to have met the standard for inmate education.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b, c) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Gerrity, sexual abuse evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA: Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator and one facility investigators. The one facility investigator only conducts administrative investigations and is not required to have specialized PREA training. Both investigators have received the required basic PREA training all employees are required to receive.

Based on the evidence provided through policy, staff interviews, and documentation review, ERDCC is found to have met the standard for specialized investigation training.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not

have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
☒ Yes ☐ No ☐ NA

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)
☒ Yes ☐ No ☐ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
☒ Yes ☐ No ☐ NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Medical and mental health staff members shall receive annual specialized PREA training." (Page 8)

The Auditor reviewed the curriculum titled, "PREA-Specialized Medical/Mental Health Professional Training," dated May 2015. Program overview states, "This training class is for Medical and Mental Health Professionals working with the Missouri Department of Corrections (MDOC) and serves as review of the PREA standards and how they apply to Mental and Mental health professions/roles throughout the department. Course includes information on the federal Prison Rape Elimination Act Guidelines; a definition of PREA; its applicability to all MDOC staff; and definitions of offender sexual abuse." This is a 2-hour credit course.

Interview with medical staff supported receiving annual specialized training.

b) While onsite the Auditor was provided proof of certificates for SANE training for six nurses.

c) While onsite the Auditor reviewed eight (8) training records of medical and mental health staff and found all of them had received the annual specialized training and the required MDCO PREA training.

Based on the evidence provided through policy, staff interviews, and documentation review, ERDCC is found to have met the standard for specialized medical and mental health training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has three classifications determined by the Adult Internal Risk Assessment (AIRA): Alpha (High Risk of Abusiveness), Kappa (Low Risk for either Abusiveness or Victimization), or Sigma (High Risk of Victimization).

a, b, c) MDOC policy D1-8.13 states, "Facilities will assess offenders for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment in accordance with the institutional services procedure regarding diagnostic center reception and orientation, and probation and parole procedures regarding the community supervision center, the community release center, and contracted residential facilities. Offenders will be assessed within 72 hours of arrival." (Page 8)

All staff interviewed who perform the AIRA stated the initial assessment is done the first day at ERDCC. They also advised they have up to 72 hours to complete the initial assessment if they run into issues the first day through Reception and Orientation.

All inmates interviewed supported this practice.

d, e) AIRA contains the ten elements identified in these subsections.

Interviews with the staff who conduct the AIRA report the instrument considers age, build, weight, sexual orientation, institutional violence, criminal history and sex offenses.

f, g) MDOC policy states, "Offenders shall be reassessed within 30 days of arrival. The reassessment shall consider additional relevant information received by the facility after the initial intake screening. The offender's risk level shall be reassessed when warranted due to a referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offender's risk of sexual victimization or abusiveness." (Page 9)

ERDCC has not had any assessment exceed the 72 hour or 30-day reassessment timeline. While onsite the Auditor reviewed the records of 10 inmates and found all inmates had their initial assessment and 30-day assessment completed within the required timeframe.

h) MDOC policy states, "The offender shall not be disciplined for refusing to answer or not disclosing complete information during the assessment." (Page 9)

Interviews with risk assessment staff report inmates are not disciplined for refusing to participate or answer questions related to the AIRA.

Interviewed staff also report they have never experienced an inmate refusing to participate in the AIRA.

i) ERDCC has appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard.

MDOC has assigned security levels to specific job descriptions. Only classification and administration staff have the security level to access the questions on the AIRA. Security staff only have security permissions to access the final classification of Alpha, Kappa or Sigma.

Based on the evidence provided through policy, staff interviews, and documentation review, ERDCC is found to have met the standard for screening for risk and abusiveness.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's

health and safety, and whether a placement would present management or security problems?
☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?
☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) MDOC policy IS5-2.3, Offender Internal Classification, dated March 17, 2019 states, "The department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines. Offenders placed in temporary administrative segregation confinement, administrative segregation confinement, disciplinary segregation confinement, protective custody, or transitional care units will be assigned a cell according to the offender's internal classification score. Staff members who supervise offenders in required activity assignments will utilize the internal classification score to monitor offenders in accordance with institutional services procedures regarding required activities." (Page 2)

Interviews with staff supported this practice.

The Site Coordinator reported bed assignment for the offender is based on the Internal Classification system. Offender's that are Sigmas will only cell with other Sigmas or Kappas, Kappas can cell with other Kappas, Sigmas and Alphas, Alphas can cell with other Alphas and Kappas and "Alpha-Xs". For job assignments: All offender workers must have a Required Activities form filled out. This form has a risk assessment line on it below the security concerns area that allows us to inform worksites of the internal classification of the offenders they hire. All work sites have direct supervision of the offenders either by custody staff or contracted staff. For education assignments. All offenders attending school are supervised by staffed teachers and custody. For Programs and Chapel: All offenders attending programs are supervised by volunteers in corrections (VIC) and custody staff. All offenders attending the chapel are supervised by the Chaplain or custody staff.

c, d, e, f, g) MDOC policy D1-8.13 states, "If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members. Housing assignment for transgender and intersex offenders will be made as outlined in this procedure, on a case-by-case basis by the institutional transgender or intersex committee or designee of the community confinement facilities to ensure the health and safety of the offender in accordance with the institutional services procedure regarding offender housing assignments, transgender and intersex offenders and the probation and parole procedure regarding risk assessment and housing assignments." (Page 9)

MDOC also utilizes a transgender committee to provide individualized decision making. MDOC policy D1-813 states, "Each institution will have a transgender committee to make informed decisions regarding the health and safety of transgender and intersex offenders assigned at that facility. The transgender committee shall meet with the offender upon arrival at the facility and every six months

thereafter or more often if deemed necessary. The transgender committee will complete a written report within 10 working days of the offender's arrival at the facility and after each 6 month meeting. The report should be forwarded to the appropriate deputy division director of the division of adult institutions; the director of the division of rehabilitative service and the PREA manager for review and approval. A response should be made back to the transgender committee within 10 working days. The written decision shall be maintained in the offender's classification and medical records in accordance with departmental procedures regarding record retention. The transgender committee meeting and subsequent written report shall include the following: offender's view of his vulnerability within the general population, historical overview of the offender's transgender/intersex status, Include information regarding where the offender is in the transition process, amount of time living as a transgender, and the offender's concerns and views regarding the transition process and review of the offender adult internal risk assessment, The report should show the adult internal risk assessment was reviewed and whether the offender required a reassessment. If information is obtained which would affect the offender's classification, the offender will be reassessed utilizing the adult internal risk assessment. review of the offender's institutional adjustment, PREA allegations/investigations, review of programming assignments, recommendations regarding the offender's health and safety to include: housing assignment, Housing assignments for transgender or intersex offenders shall not be made based solely on genitalia but shall consider the offender's health and safety and the security of the facility through a review of the respective classification, medical and mental health records. The transgender or intersex offender's own views with respect to his safety shall be given serious consideration when determining housing. showering, Transgender or intersex offenders shall be offered the opportunity to shower separately from other offenders. special needs. If the contracted mental health provider recommends hormone replacement therapy the recommendation will be included in the transgender committee report. If specialized clothing, such as a support garment, is recommended, the recommendation shall be included in the report. A written doctor's recommendation shall accompany the report." (Page 11)

Interviews with staff who conduct the AIRA support this practice.

The Auditor interviewed two transgender inmates. Both reported they are not housed based on the sexual identification. They reported they are housed in general population and staff is good at checking in with them to make sure everything is okay.

The Auditor reviewed three files from the Transgender Committee. These notes show reassessments are being done as required by the standard. The Committee notes also reflect input by the transgender inmate.

h) ERDCC does not have dedicated wings to house gay, bisexual, transgender or intersex inmates.

Interviews with staff, administration and inmates confirm this practice.

Based on the evidence provided through policy, staff interviews, and documentation review, ERDCC is found to have met the standard for use of risk screening information.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During the previous 12-month reporting period ERDCC has not placed any victim in involuntary segregated housing due to a PREA event.

a, c, d) MDOC policy D1-8.13 states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include: return to assigned housing; temporary reassignment of staff members; assignment to another housing unit; and temporary segregated housing for protective custody needs. Segregated housing should not be considered as the first option to ensure safety of the victim. The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist form of the recommended housing option. If temporary administrative segregation confinement (TASC) is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding temporary administrative segregation confinement and administrative segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit." (Page 16)

The Warden stated the use of protective custody is done as a last resort.

b) There were no inmates assigned to temporary restrictive housing due to being at high risk of sexual victimization at the time of this audit.

e) This same policy states, "Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody." (Page 16)

Based on the evidence provided through policy, staff interviews, and documentation review, ERDCC is found to have met the standard for protective custody.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)
☐ Yes ☐ No ☐ NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?
☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) ERDCC has multiple ways for inmates to report sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "Each facility's CAO or designee shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff member neglect, and violation of responsibilities that may have contributed to an incident of offender sexual abuse, to include but not limited to: informal resolution request (IRR), grievance process, or offender complaint, a staff member, PREA hotline, and advocacy agency. Offenders may make anonymous reports of allegations of offender sexual abuse to the Department of Public Safety, Crimes Victims Services Unit. All offender mail addressed to the Crimes Victims Services Unit shall be treated as confidential mail and not subject to examination. Facilities shall maintain strict policies prohibiting mailroom staff from revealing to staff members or administrators the fact that an offender sent correspondence to the sexual abuse reporting entity. Allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure." (Page 13)

MDOC does not house inmates solely for civil immigration purposes.

MDOC has a memorandum of understanding with the Missouri Department of Public Safety (DPS) which allows DPC to receive written correspondence of allegations of offender sexual abuse and harassment. This MOU was signed in 2014 is continuously renewed.

ERDCC has not received third-party or anonymous reports in the past 12 months.

All staff interviewed were able to describe multiple ways inmates could report sexual abuse.

All inmates interviewed reported they knew of multiple ways to report sexual abuse including using the PREA hotline, writing a kite and telling an officer.

d) This same policy also states, "Staff members may anonymously report allegations of offender sexual abuse, harassment, or retaliation utilizing the employee reporting hotline in accordance with department procedure regarding discrimination, harassment, retaliation, or unprofessional conduct." (Page 13)

ERDCC staff may utilize the C.L.E.A.R (Confidential Line for Employee Allegations and Reporting) Line. Employees may call or email this service.

All staff interviewed reported they would not anonymously report sexual abuse or sexual harassment. They advised they would go directly to their supervisor.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, ERDCC is found to have met the standard for inmate reporting.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC/ERDCC is not exempt from this standard.

b, c) MDOC policy D1-8.13 states, "The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse. The department shall not impose a time limit for an offender submitting a grievance or complaint regarding an allegation of sexual abuse. The department may apply otherwise applicable time limits to any portion of a grievance or complaint that does not allege an incident of sexual abuse in accordance with the department procedure regarding offender grievance, institutional investigations, and office of professional standards." (Page 14)

MDOC policy D5-3.2, Offender Grievance, dated January 1, 2015 states, "There will be no time limit for submitting complaints regarding allegations of offender sexual abuse. All complaints regarding offender sexual abuse will be processed as outlined in accordance with this procedure. The department

will not require an offender to use the informal grievance process, or to otherwise attempt to resolve with staff members, an alleged incident of offender sexual abuse. All informal resolution requests, offender grievances or offender grievance appeals containing allegations of offender sexual abuse, will be processed in the manner outlined in this section. An offender who alleges offender sexual abuse may submit an informal resolution request, offender grievance, or offender grievance appeal without submitting it to a staff member who is subject to the complaint. A staff member who is the subject of the complaint should not be the respondent. When the staff member responsible for processing informal resolution requests, offender grievances, or offender grievance appeals receives a complaint alleging offender sexual abuse, a copy of the form will be forwarded to the shift commander and the offender sexual abuse coordinated response will be initiated in accordance with the department procedure regarding PREA.” (Pages 9, 16 -17)

d) MDOC policy D5-3.2 states, “Informal resolution request alleging sexual abuse will be processed normally with the exception of the following: A response should be completed as soon as practical, but no later than 30 calendar days of receipt. Offender grievances alleging sexual abuse will be processed normally with the following exceptions: the CAO or designee should respond within 30 calendar days of receipt. Computation of the 30 day time period will not include the days between the offender’s receipt of the informal resolution request and receipt of the offender grievance by the grievance officer or designee. Offender grievance appeals alleging offender sexual abuse will be processed normally with the following exceptions: a response should be provided as soon as practical, but no later than 30 calendar days of receipt. Computation of the 30 day time period will not include the days between the offender’s receipt of the offender grievance response and receipt of the offender grievance appeal by central office grievance staff members. Appeals will be referred to the deputy division director or designee. An extension of time to respond, of up to 70 days, may be claimed if the normal time period for response is insufficient to make an appropriate decision. The offender will be notified in writing of any such extension and will be provided a date by which a response will be provided. At any level of the administrative process, including the offender grievance appeal level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may proceed to the next level of the offender grievance process.” (Page 17)

ERDCC has had no grievances filed alleging sexual abuse in the past 12 months.

ERDCC also utilizes a “Grievance PREA Tracking Log” to ensure timeframes are met.

e) This same policy states, “Third Party Reporting: Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for informal resolution requests, grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution. When a staff member receives a request from a third party to file a complaint via the offender grievance procedure on behalf of an offender regarding allegations of offender sexual abuse. The staff member will require the party making the complaint to submit such in writing. Administrative or case management staff members will then prepare a report of incident in accordance with procedure for possible investigation or inquiry. When a staff member receives the documentation from the reporting third party, it will be attached to an informal resolution request form and will immediately be recorded in accordance with this procedure. A copy of the documentation will also be forwarded to the CAO or designee in order to be attached to the possible investigation or inquiry. The case manager shall attempt to discuss the issue with the offender (victim) prior to developing a response to confirm if the alleged victim agrees to have the request filed on his behalf. If the offender declines to have the request process on his behalf, the case manager shall document the offender’s decision in the discussion section of the informal resolution request form and the complaint shall be considered withdrawn for grievance purposes. If the offender agrees to have the request processed on his behalf, it will then be

documented in the discussion section of the informal resolution request and will be processed normally in accordance with this procedure.” (Pages 17 -18)

f) This same policy also states, “Allegations of offender sexual abuse by employees shall immediately be reported to the CAO or designee for possible investigation or inquiry. If the staff member who processes the informal resolution requests determines that it meets the definition of a PREA emergency complaint, the offender will be provided an informal resolution request form. Emergency informal resolution requests will be processed as follows: The offender will request an informal resolution request form from case management staff members and briefly state the issues and subject of complaint in accordance with this procedure. When a staff member receives the completed informal resolution request form from the offender, the staff member will record receipt of the form in accordance with this procedure and it will be taken to the CAO or designee immediately. Upon receipt of an informal resolution request from an offender, the CAO or designee may confer with the PREA site coordinator to make the determination if the informal resolution request should be handled as an emergency. The CAO or designee will prepare an initial response which will be attached to the informal resolution request and provided to the offender within 48 hours of receipt of the initial filing date. The offender will sign and date the response. A final response from the CAO or designee will be provided to the offender within 5 calendar days from the initial filing date. The offender will sign and date the form. The initial and final response for the informal resolution request shall document the department’s determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency informal resolution request. If the offender is unsatisfied with the final response for the informal resolution request and chooses to file a grievance, an offender grievance form will be provided. The grievance or grievance appeal will then be processed as a non-emergency PREA complaint as noted in this procedure.” (Pages 18 – 19)

g) The grievance policy also states, “No reprisals shall be taken against any offender for use of, or participation in, the offender grievance procedure. Offenders may be held accountable for misusing or abusing the offender grievance procedure as stated in this procedure. This action is not considered a reprisal...All offenders are encouraged to utilize this procedure for the redress of grievances; however, offender must refrain from knowingly and deliberately filing improper, duplicative, expanded or frivolous IRR, offender grievances or offender grievance appeals.” (Pages 4, 5)

Based on the evidence provided through policy, staff interviews, and documentation review, ERDCC is found to have met the standard for exhausting administrative remedies.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c) MDOC policy D1-8.13 states, "Each facility shall offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility shall attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt shall be documented and advocacy services shall be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. All staff members serving as a designated victim advocate for offenders shall receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims shall be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee shall serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee shall ensure the continuity of

advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety shall receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous to the PREA unit. Offenders shall be allowed to communicate with an advocate by mail or special visit in a confidential manner as possible to maintain safety and security of the institution. Offenders shall be informed before being given access to a victim advocate, the extent to which communications shall be monitored and the extent to which reports of abuse shall be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates shall be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits shall be arranged through the PREA site coordinator or designee. Facilities shall make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations.” (Pages 20 -21)

ERDCC SOP/D1-8.13 states, “The institutional chaplain will serve as the staff victim advocate for ERDCC. The offender may request an unmonitored phone call to a victim advocate through his assigned case manager. Special visits and sealed mail to advocates will also be coordinated by the assigned case manager.” (Pages 25, 26)

For inmates who are placed in restrictive housing, they are provided a PREA flyer with the addresses of Just Detention International and Rape, Abuse and Incest National Network (RAINN). Inmates at ERDCC can contact these agencies for emotional support. The flyer is available in English and Spanish.

ERDCC has attempted to enter a MOU with True North Crises Center for local advocacy services. However, this agency has declined to provide services. The Auditor has reviewed communication between MDOC and True North Crises Center verifying this information.

There was one inmate onsite at ERDCC who reported sexual abuse during this portion of the audit. However, this inmate would not confirm this report.

Interview with inmates reported they knew there were services available to them outside of the facility; however, they could not name the resource.

Based on the evidence provided through policy, staff interviews, and documentation review, ERDCC is found to have met the standard for inmates’ access to outside confidential resources.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) Methods to report sexual abuse and harassment are made available to the public via the Department's website which you can access at <http://doc.mo.gov/OD/PREA.php>.

ERDCC also has posters in visitation that outline ways for friends and family to report sexual abuse or sexual harassment.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, ERDCC is found to have met the standard for third-party reporting.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, c, d, e) MDOC policy D1-8.13 states, "Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. Medical and mental health staff members shall inform offenders at the initiation of services of the practitioner's duty to report in accordance with statutes." (Page 6)

Missouri Revised Statute Chapter 217, Department of Corrections, Section 217.410, outlines staff duty to report.

Missouri Revised Statute Chapter 630, Department of Mental Health, Section 603.005, defines a vulnerable person as any person in the custody, care, or control of the department that is receiving services from an operated, funded, licensed, or certified program. Section 630.163 also outlines staff duty to report.

All staff interviewed reported they were mandated reporters of sexual abuse and sexual harassment. Staff reported failure to report could result in disciplinary action up to termination. Many staff also reported there could be legal repercussions for failing to report sexual abuse or sexual harassment of inmates.

Medical staff also reported they are mandated reporters of sexual abuse. They also state informed consent is part of the process.

Medical and mental health staff have had no reports of sexual abuse from offenders in the past 12 months.

b) This same policy states, "Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions." (Page 6)

All staff interviewed state "confidentiality" and "zero-tolerance" are stressed during training.

Based on the evidence provided through policy, staff interviews, and documentation review, ERDCC is found to have met the standard for staff and agency reporting duties.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "When an offender is believed to be in substantial risk of victimization, the shift commander shall assess the offender to ensure housing in the least restrictive housing. "If TASC is determined to be the least restrictive housing the shift commander shall note on the TASC order the offender is being placed in segregated housing due to a PREA risk. The offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units." (Page 17)

All staff interviewed reported they would notify their supervisor immediately if they learned of an inmate who may be in imminent danger.

Based on the evidence provided through policy, staff interviews, and documentation review, ERDCC is found to have met the standard for agency protection duties.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC policy D1-8.1 states, "Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Page 9)

In the past 12 months, ERDCC received two reports of sexual abuse from another confinement facility. The Auditor reviewed documentation and found the coordinated response was initiated in a timely manner in both cases. Both allegations were also referred for investigation.

ERDCC has received any incidents requiring notifications to an outside agency in the past 12 months.

The Site Coordinator reports, "If an allegation is reported at another facility that is alleged to have occurred at ERDCC, the facility where the incident is reported initiates the coordinated response by completing the notification checklist and offering advocacy. The coordinated response is then forwarded to me, the Deputy Warden and PREA Site Coordinator at ERDCC, and then I initiate the request for investigation and ensure that the information has been forwarded to the PREA unit."

Based on the evidence provided through policy, staff interviews, and documentation review, ERDCC is found to have met the standard for reporting to other confinement facilities.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) MDOC policy D1-8.13 outlines staff first responder requirements. The policy states, "3. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. If the allegation is reported directly to a facility administrator, the administrator can initiate the coordinated response to ensure confidentiality utilizing the notification checklist. In the event of an allegation of a penetration act, the first responder shall take the following steps. (1) Ensure the safety of the victim. (2) Request the victim not to take any actions that may destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable. (3) To the extent possible, ensure the alleged perpetrator does not take any actions that could destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The shift commander or shift supervisor shall make telephone notifications and respond as outlined in the division's coordinated response to offender sexual abuse protocol. In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol." (Pages 15 -16)

ERDCC requires staff, volunteers, and contractors to follow the same protocol. Every person who has contact with inmates are issued a "First Responder Card" which outlines the protocol everyone must follow.

In the past twelve months there has been no non-security staff who have acted as first responder.

All staff interviewed were able to articulate the facilities requirements as a first responder. Most staff showed the Auditor their card.

All volunteers interviewed supported the practice of first responder duties as outlined in MDOC policy.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, ERDCC is found to have exceeded the standard for staff first responder duties.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) ERDCC has formalized Coordinated Response plan in place for staff, volunteers and contractors. This plan echoes the requirements found in MDOC policy D1-8.13.

The Auditor reviewed ten closed PREA investigations and found the coordinated response had been initiated in each one according to policy and this standard.

All staff interviewed were able to explain the coordinated response to the Auditor.

Based on the evidence provided through policy, staff interviews, and documentation review, ERDCC is found to have met the standard for coordinated response.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) The Department of Corrections Division of Adult Institutions and the Missouri Corrections Officers Association (MOCOA) Corrections I and II Bargaining Unit have entered into an agreement that permits the agency to remove alleged staff sexual abusers from contact with any inmates pending an investigation or a determination of whether and to what extent discipline is warranted.

This agreement ended in 2018, however, MDOC is currently working with MOCOA to renew the agreement. While this is pending, MDOC is honoring the 2018 agreement.

Based on the evidence provided through policy, staff interviews, and documentation review, ERDCC is found to have met the standard for the preservation of ability to protect inmates from contact with abusers.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks? ☒ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? ☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC policy D1-8.13 establishes procedures for monitoring retaliation. This policy states, "The PREA site coordinator shall ensure all victims and reporters and those that cooperate with offender sexual abuse and harassment investigations or inquiries are monitored and protected from retaliation." (Page 14)

b, c, d, e, f) MDOC policy D1-8.13 states, "Following any reported incident of sexual abuse or harassment, monitoring for retaliation shall be conducted in the following manner: The alleged victim of offender sexual abuse shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation. Monitoring shall include face-to-face status checks by a staff members a minimum of every 30 days. The assessment-retaliation status checklist form shall be used during each of the assessment interviews. If the victim expresses fear of retaliation, monitoring shall continue for an additional 90 day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded. The PREA site coordinator or designee shall ensure individuals receive an initial assessment utilizing the assessment-

retaliation status checklist form when they report and cooperate with offender sexual abuse or sexual harassment investigations or inquiries. Reporters or witnesses who voice they have no concerns regarding potential retaliation shall not receive further monitoring. Reporters and witnesses shall sign the assessment-retaliation status checklist form showing they have no concerns regarding potential retaliation. The PREA site coordinator shall report all evidence of retaliation to the CAO or designee to ensure an inquiry or investigation is initiated in accordance with department procedures regarding office of professional standards and institutional investigators. If possible retaliation is suggested, the PREA site coordinator shall act promptly to remedy any such retaliation and protect the individual.” (Page 14)

This same policy also states, “The PREA site coordinator shall ensure victims, reporters, and witnesses that report a fear of retaliation or possible victims of retaliation be offered emotional support services. Emotional services for offender victims, reporters, or witnesses include but are not limited to a referral to mental health, chaplain, or advocacy when appropriate. Emotional services for staff member reporters or witnesses include but are not limited to, the employee assistance program, peer action and care team referral, and/or chaplain referral. All action taken to remedy retaliation or services offered to the victims or suspected victims shall be noted on the assessment-retaliation status checklist form. In the event that a victim is transferred during a period of monitoring, the PREA site coordinator shall forward the assessment-retaliation status checklist form to the PREA site coordinator in the receiving institution. The PREA site coordinator at the receiving institution shall ensure monitoring continues as outlined in this procedure. The PREA site coordinator shall ensure the completed assessment-retaliation status checklist form is returned to the originating institution to be filed in the PREA incident file for future audits. If released to a community confinement facility monitoring shall continue. If released to a field probation and parole office, monitoring shall stop. In the event the allegations are determined to be unfounded the agency shall terminate monitoring. (Pages 14, 15)

The Site Coordinator is responsible for monitoring retaliation at ERDCC.

The Auditor reviewed ten investigations of sexual abuse and sexual harassment. All cases reviewed had retaliation monitoring that followed MDOC policy and requirements in this standard.

Based on the evidence provided through policy, staff interviews, and documentation review, ERDCC is found to have met the standard for monitoring retaliation.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include: Return to assigned housing. Temporary reassignment of staff members. Assignment to another housing unit. Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim). The assessment shall consider the allegation or threat and the safety of the victim and institution." (Page 16)

This same policy continues, "If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody. (Page 17)

ERDCC did not have any inmates placed in restrictive housing due to post-allegation protective custody.

The Warden states, "We use Protective Custody as a last resort. If it is used it is only for a short period of time. Classification always has a quick meeting before placing an inmate in PC or transferring them to another facility."

Based on the evidence provided through policy, staff interviews, and documentation review, ERDCC is found to have met the standard for post-allegation protective custody.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Unit in the Offender of Professional Standards conducts all offender sexual abuse investigations. Sexual harassment and allegations involving searches are conducted by trained institutional investigators.

a, d, e, f, g, h, j) MDOC policy D1-8.1, Office of Professional Standards, states, "All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the offender sexual

abuse and harassment procedure. Upon receiving a report of offender sexual abuse, including staff on offender and offender on offender, the CAO or designee shall ensure the allegation is forwarded to the PREA unit within 2 business days of receipt. Allegations involving offender sexual harassment or offender abuse related to pat searches will be addressed as outlined in the institutional investigators procedure. Within 2 business days of receipt, the PREA unit will determine if the allegation meets PREA definitions or if additional information is needed. If additional information is needed the PREA unit will contact the PREA site coordinator to request the additional information. A written report will be created at the conclusion of any inquiry or investigation and a copy will be provided to CAO and division director or designee. Any action taken as a result of an inquiry or investigation shall be reported to the PREA unit within 5 business days of receiving the report. Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Pages 8, 9)

b) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Gerrity, sexual abuse evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA: Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator and one facility investigator. Both investigators had the required PREA training needed for this standard. Both had basic PREA training required for all employees and the PREA Unit investigator had the required specialized training. The facility investigator only conducts administrative investigations.

The Auditor reviewed ten investigative files and found they met all requirements of MDOC policy and this standard.

c) MDOC policy D1-8.8, Evidence Collection, Accountability and Disposal, outlines the agency's requirements in gathering and preserving direct and circumstantial evidence.

Interviews with investigators report they would collect video surveillance, phone calls, logs and interviews as evidence in many cases of sexual harassment. When asked about criminal cases, the Auditor advised in addition to what was already mentioned they would take photographs and collect DNA.

i) MDOC retains all investigative files for 90 years.

Based on the evidence provided through policy, staff interviews, and documentation review, ERDCC is found to have met the standard for criminal and administrative investigations.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 defines the Preponderance of Evidence as enough proof to show that something is more likely to have occurred than not to have occurred. This same policy also states, "Administrative investigations shall impose no standard higher than the preponderance of evidence in determining whether an allegation of offender sexual abuse or harassment is substantiated."

All investigators interviewed reported they use the preponderance of evidence (51%) to determine proof.

Based on the evidence provided through policy, staff interviews, and documentation review, ERDCC is found to have met the standard for evidentiary standard for administrative investigations.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency

in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, " Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA manager shall make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification form or the alleged sexual abuse by staff member notification form. Notification shall not be made to the offender following an investigation or inquiry regarding sexual harassment." (Pages 20, 21)

All investigators interviewed reported notification is made to all inmates in the case of sexual abuse. They advise if the inmate leaves the facility the attempt at notification is still made.

b) NA MDOC/ERDCC is responsible for conducting administrative and criminal investigations.

c) This same policy states, "All subsequent notifications shall be made when: Staff member on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs (unless the inquiry or investigation is unfounded): The staff member perpetrator is no longer assigned to the housing unit. The staff member perpetrator is no longer employed by the department. The staff member perpetrator has been indicted on a charge related to sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution." (Page 21)

ERDCC had one inmate onsite who reported sexual abuse; however, during the interview the inmate would not confirm he made a report.

d) This policy also states, "Offender on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs. The offender has been indicted on a charge related to sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution." (Page 21)

ERDCC had one inmate onsite who reported sexual abuse; however, during the interview the inmate would not confirm he made a report.

e, f) MDOC D1-8.13 states, "The departmental PREA manager shall forward the written notification to the offender via the PREA site coordinator. The PREA site coordinator shall ensure that the written notification is provided to the offender in a confidential manner. The original notification shall be signed by the offender and witnessed by a staff member. The offender shall be offered a copy of the letter, but shall have the right to decline the letter. The original notification shall be forwarded to the department's PREA manager for tracking. In the event the offender has been released from custody and is not being housed in the community release center or the community supervision center and the duty to report ends." (Page 21)

Based on the evidence provided through policy, staff interviews, and documentation review, ERDCC is found to have met the standard for reporting to inmates.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ERDCC has not had any investigation or instance where a staff member was terminated following a substantiated investigation during or reported to any law enforcement agency.

a, b, c, d) MDOC policy D2-9.1 Employee Discipline, dated May 1, 2019, outlines MDOC disciplinary process for all employees.

MDOC policy D1-8.13 states, "Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures. Termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All terminations for violations or the resignation of a staff member, who would have been terminated if not for their resignation, shall be reported to relevant licensing or accreditation bodies and law enforcement." (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, ERDCC is found to have met the standard for disciplinary sanctions for staff.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ERDCC has not had any contractors or volunteers investigated for sexual abuse or sexual harassment of inmates in the past 12 months.

MDOC policy D1.8.13 states, "Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law enforcement. The CAO or designee of the department facility or contracted facility shall take appropriate measures and consider whether to prohibit further contact with offenders in the case of any other violations." (Page 24)

The Warden states, "We would limit contact with the victim pending the investigation if it was a contractor. For volunteers, we would eliminate all contact with inmates."

Based on the evidence provided through policy, staff interviews, and documentation review, ERDCC is found to have met the standard for corrective action for volunteer and contractors.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In the past 12 months, ERDCC has had zero findings of guilt for inmate on inmate sexual abuse in any of the completed administrative or criminal investigations. There are still five pending cases that have not been closed.

a) MDOC policy D1-8.13 states, "Offenders shall be subject to disciplinary sanctions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt when the offender engaged in offender on offender sexual abuse in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

b) This same policy states, "Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

c) This policy states, "The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding offender accountability program."

d) MDOC policy states, "Is found guilty of sexual abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff members, as available, in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

Interviews with health services reveals referrals are being made by staff when it comes to sexual abuse.

e) This same policy states, "An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 24)

f) All staff interviewed report they received information in training regarding good faith reports. They advised training covered inmates being free from punishment for making a report of sexual abuse or sexual harassment.

g) MDOC policy states, "The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders shall not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, ERDCC is found to have met the standard for disciplinary sanctions for inmates.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
☒ Yes ☐ No ☐ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure

that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ERDCC has not had any instances where prior sexual abuse that occurred outside of a correctional facility was reported to the authorities during this reporting period

a, b, c, d, e) MDOC policy IS11-32, Receiving Screening – Intake Center, dated December 10, 2016 states, "If the screening identifies a need for immediate mental health intervention, a call will be made by the staff person identifying the need to the QMHP and follow up with a completed referral and screening note-health services form. If during the screening, the offender reports being sexually abused within the last 72 hours or if a forensic exam is deemed medically necessary, the coordinated response to offender sexual abuse will be initiated in accordance with departmental procedures regarding offender sexual abuse and harassment.

If the screening indicates the offender has experienced prior sexual victimization whether in the community or in a correctional setting and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated and the offender will be offered a meeting with a mental health practitioner within 14 days of the intake screening. If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a meeting with a QMHP within 14 days of the intake screening.” (Page 3)

ERDCC reported they had no inmates onsite who reported sexual abuse during the AIRA. The Auditor interviewed 50 inmates. Of these inmates, zero reported they had advised ERDCC of prior sexual abuse.

Staff who conduct AIRA report there are certain questions that will trigger a mental health referral. They all report mental health is quick to respond.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, ERDCC is found to have met the standard for medical and mental health screenings; history of sexual abuse.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment." (Page 17)

Health services report medical services are provided as soon as they are notified.

b) Medical and mental staff are available 24 hours a day, seven days a week to inmates of ERDCC.

This same MDOC policy states, "If no qualified medical or mental health practitioners are on duty at the time a report of a penetration event that occurred within 120 hours within a correctional facility, or 92 hours within a community confinement facility, custody staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners." (Page 17)

c) This same policy states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate." (Page 18)

Health services advise they will follow any treatment plans coming out of the SANE exam and will even develop treatment plans that will follow the inmate upon transfer to another facility.

d) All medical and mental health services are offered at no cost to the inmate or perpetrator of sexual abuse as done per policy in MDOC D1-8.13.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, ERDCC is found to have met the standard for access to emergency medical and mental health services.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment

when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)

☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ERDCC had no instances where the perpetrator of sexual abuse was referred to mental health.

a, f) ERDCC offers medical and mental health services and treatment to all inmates who have been victims of sexual abuse. This offered onsite 24 hours a day, seven days a week.

MDOC policy D1-8.13 states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate." (Page 17)

b, h) ERDCC offers follow up medical and mental health services as needed to all inmates who have been victims of sexual abuse.

MDOC policy D1-8.13 states, "Each victim and abuser shall be offered medical and mental health evaluations, and as appropriate, treatment to include appropriate follow-up services and treatment plans. When necessary, referrals shall be completed for continued care following their transfer to, or placement in, other facilities or their release from custody." (Page 17)

Health services report that while they have specific protocols they must follow, they are allowed to use some judgement when treating victims of sexual abuse.

c) ERDCC offers medical and mental health services consistent with community level of care.

This same policy also states, "Victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services." (Page 17)

Health services staff believe there level of care exceeds what is provided in the community due to the immediate response of their department.

d, e) NA ERDCC is an all-male facility.

g) All medical and mental health services are offered at no cost to the inmate or perpetrator of sexual abuse per MDOC policy D1-8.13.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, ERDCC is found to have met the standard for ongoing medical and mental health care for sexual abuse victims and abusers.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ERDCC had one sexual abuse incident review during this reporting period.

a, b, c, d, e) MDOC policy D1-8.13 states, "Each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded. Debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry. The review team for offender sexual abuse events shall include the PREA site coordinator, and other upper level administrators, when applicable, with input from the shift supervisor, investigators, and medical or mental health practitioners, when applicable. A complete written report shall be prepared by the CAO or designee outlining in detail the findings of the debriefing sessions and recommendations for improvements utilizing the PREA sexual abuse debriefing form. The facility shall implement the recommendations for improvement, or shall document its reasons why recommendations shall not be implemented. A copy of the debriefing shall be submitted electronically to the assistant director and the PREA manager. A copy of the report shall be filed in the institutional PREA event file." (Page 20)

Th Site Coordinator states, "When do a debriefing we look at everything."

The Auditor reviewed one debriefing and found it was conducted per MDOC policy and meets the requirements of this standard.

Based on the evidence provided through policy, staff interviews, and documentation review, ERDCC is found to have met the standard for sexual abuse incident reviews.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☐ Yes ☐ No ☒ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC policy D1-8.13 states, "Annual Site Report: Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA manager by the last working day in March. The report shall include: identified problem areas, recommendations for improvement, corrective action taken, if recommendations for improvements were not implemented, reasons for not doing so, a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse, an evaluation of the need for camera and monitoring systems, in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to: the staffing plan, the deployment of video monitors, and the resource availability to adhere to the staffing plan. The yearly report shall be submitted to the division director and the department PREA manager no later than the last working day in March. The PREA manager shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 24, 25)

e) NA Neither MDOC nor ERDCC contracts for placement of inmates in their custody.

f) NA DOJ has not requested agency data.

The Statewide PREA Coordinator reports, "Historically, the data needed to complete the annual Survey of Sexual Violence was collected in the Corrections Information Network [COIN] system. Beginning in January 2019, the Department deployed our new database for investigations, the Investigative Report Intelligence System [IRIS] which is now the Department's data collection system for all investigations conducted within the Department."

The Auditor reviewed the 2017, 2018 and 2019 MDOC PREA Annual Reports and the 2017 Survey of Sexual Victimization. In addition, the Auditor was provided a copy of ERDCC's 2019 PREA Annual Report.

Based on the evidence provided through policy, staff interviews, and documentation review, ERDCC is found to have met the standard for data collection.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC policy D1-8.13 states, "The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

The Statewide PREA Coordinator reports, "Historically, the data needed to complete the annual Survey of Sexual Violence was collected in the Corrections Information Network [COIN] system. Beginning in January 2019, the Department deployed our new database for investigations, the Investigative Report Intelligence System [IRIS] which is now the Department's data collection system for all investigations conducted within the Department."

The Auditor reviewed the 2017, 2018 and 2019 MDOC PREA Annual Reports and the 2017 Survey of Sexual Victimization. In addition, the Auditor was provided a copy of ERDCC's 2019 PREA Annual Report.

Based on the evidence provided through policy, staff interviews, and documentation review, ERDCC is found to have met the standard for data review for corrective action.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) The Site Coordinator keeps all investigations, data tracking forms, monthly statistic reports secured in a locked file cabinet.

b) MDOC policy D1-8.13 states, "The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

Auditor reviewed the MDOC 2016 and 2017 PREA Annual Report. These reports contained information on the progress the department made in the previous years in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

c) This same policy states, "The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited." (Page 25)

d) According the Agency Records Disposition Schedule (Inspector General Section) , this information is retained for five years, and then it is destroyed.

Based on the evidence provided through policy, staff interviews, and documentation review, ERDCC is found to have met the standard for data storage, publication, and destruction.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) During the prior three-year audit period, MDOC ensured each of their facilities was audited at least once.
- b) This is the second year of the current audit cycle, MDOC ensured at least one-third of their facilities was audited during the first year of the current audit cycle.
- h) The auditor had access to, and the ability to observe, all areas of ERDCC.

i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information) needed to complete the audit.

m) The Auditor permitted to conduct private interviews with inmates and staff.

n) Inmates permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. The Auditor received no letters from ERDCC inmates.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, ERDCC is found to have met the standard for frequency and scope of audit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC/ERDCC believe incarcerated individuals have the right to be free from sexual abuse and sexual harassment. This zero-tolerance culture is evident in the policies of the agency, the actions of ERDCC leadership as well as the knowledge the staff demonstrated of PREA. Staff was able to articulate the agencies coordinated response to sexual abuse and harassment.

The overall theme of the interviews with inmates included feeling safe at the facility and the belief that staff takes reports of sexual abuse seriously. The inmates were able to explain how to report incidents of sexual abuse and harassment and were able to discuss how they were exposed to PREA education upon intake. While some stated they could not remember the PREA video in its entirety, they did remember viewing it. All inmates reported they knew that opposite gender staff announced themselves at the beginning of each shift.

Staff knew their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff was able to articulate the coordinated response to sexual abuse and harassment. They knew to separate the victim from the alleged perpetrator, secure the scene and to contact their supervisor. They stated that all reports would be documented by the end of shift. They also stated that if they received knowledge of someone being in imminent danger they would immediately secure the safety of that individual. There is a zero –tolerance culture at ERDCC.

Interviews with specialized staff were completed and the results were positive and supported the zero-tolerance culture. Each knew their role and responsibilities as it pertains to PREA compliance and documentation. They articulated the coordinated response and the expectations that staff would follow all policies. Administrative staff was very open to any suggestions the Auditor presented during the tour and the exit meeting.

Pre-Audit documentation was provided after the onsite portion of the audit was completed. While it was well organized and easy to read it did make it difficult to get a complete picture of ERDCC while the Auditor was onsite. Despite this delay, ERDCC was found to be in compliance with all PREA standards.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

/s/ Elisabeth M. Copeland

September 9, 2020

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report January 27, 2020

Auditor Information

Name: Elisabeth Copeland	Email: lisa@preaauditing.com
Company Name: PREA Auditors of America, LLC	
Mailing Address: P. O. Box 43	City, State, Zip: Seneca, KS 66538
Telephone: 785-294-0830	Date of Facility Visit: December 11 - 13, 2019

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Missouri Department of Corrections		State of Missouri	
Physical Address: 2729 Plaza Drive		City, State, Zip: Jefferson City, MO 65102	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: http://docintranet.ads.state.mo.us/Division/OD/PREA.htm			

Agency Chief Executive Officer

Name: Anne Precythe	
Email: Anne.Precythe@doc.mo.gov	Telephone: 573-526-6607

Agency-Wide PREA Coordinator

Name: Vevia Sturm	
Email: Vevia.Sturm@doc.mo.gov	Telephone: 573-522-3335
PREA Coordinator Reports to: Matt Briesacher, Office of Professional Standards	Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility: Jefferson City Correctional Center

Physical Address: 8200 No More Victims Rd

City, State, Zip: Jefferson City, MO 65101

Mailing Address (if different from above):
Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

☐

Military

☐

Private for Profit

☐

Private not for Profit

☐

Municipal

☐

County

☒

State

☐

Federal

Facility Type:

☒

Prison

☐

Jail

Facility Website with PREA Information: <http://docintranet.ads.state.mo.us/Division/OD/PREA.htm>

Has the facility been accredited within the past 3 years? ☒ Yes ☐ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐

ACA

☒

NCCHC

☐

CALEA

☐

Other (please name or describe: Click or tap here to enter text.

☐

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
No

Warden/Jail Administrator/Sheriff/Director

Name: Eileen Ramey

Email: Eileen.Ramey@doc.mo.gov

Telephone: 573-751-3224

Facility PREA Compliance Manager

Name: Stanley Keeley

Email: Stanley.Keeley@doc.mo.gov

Telephone: 573-751-3224

Facility Health Service Administrator ☐ N/A

Name: Jane Wheeler, Interim

Email: Jane.Wheeler@doc.mo.doc

Telephone: 573-751-3224

Facility Characteristics		
Designated Facility Capacity:	1940	
Current Population of Facility:	1930	
Average daily population for the past 12 months:	1937	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18 to 81	
Average length of stay or time under supervision:	35 months	
Facility security levels/inmate custody levels:	Medium/Maximum	
Number of inmates admitted to facility during the past 12 months:	714	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	714	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	661	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	479	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	110
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	16
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	53
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	68
Physical Plant	
Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	20
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	8
Number of single cell housing units:	2
Number of multiple occupancy cell housing units:	7
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	264)
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams		
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)	
Investigations		
Criminal Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	10	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	
Administrative Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	10 Agency, 1 facility	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

PRE-AUDIT

A Notice of PREA Audit was sent to Jefferson City Correctional Center (JCCC) on **October 28, 2019** via the Site Coordinator, Stanley Keeley, and the Missouri Department of Corrections Statewide PREA Coordinator, Vevia Sturm. Notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditor and advised staff and offenders that the onsite portion of the PREA audit will be conducted on December 11- 13, 2019. At this time, this Auditor requested the pre-audit questionnaire (PAQ) be sent to during the week of November 11, 2019.

On November 13, 2019, this Auditor received a flash drive containing JCCC's Pre-Audit Questionnaire. The flash drive contained department and agency policies, curriculum and other supporting documentation. The files were divided up by standard and were easy to read and navigate.

The Auditor reviewed the provided documentation and began completing the Auditor's Compliance Tool to determine a baseline for compliance and to formulate questions for the onsite portion of the audit.

On December 3, 2019, a tentative agenda for the PREA audit was sent the Site Coordinator and the PREA Coordinator for MDOC. This agenda outlined the when the auditing would be on site, the types of staff and inmates that would be interviewed and when the audit would conclude. The Site Coordinator was advised of which specialized staff would be interviewed as well as which specialized inmate populations would be interviewed.

ONSITE

The Auditor was greeted and given a history and the layout of the facility by Warden Eileen Ramey and Deputy Warden (Site Coordinator) Stanley Keeley as well as other Executive Team members. After the initial meeting, a detailed tour was provided to the Auditor.

Site Coordinator Stanley Keeley lead the onsite tour. The tour began with the visitation and ended with the housing units. The Auditor viewed camera placements, showers/restrooms and observed cross-gendered announcements being made to offenders. PREA reporting information was marked on bulletin boards in most living units. The Site Coordinator addressed the missing PREA signage immediately. At the end of this portion of the audit, all housing units had PREA signage posted on the bulletin boards. All living units' toilets and shower stalls all had appropriate coverings. The "Notice of PREA Audit" was also clearly visible throughout the tour.

In addition to the living units, intake, medical area, outside recreation, inside recreation, dining areas, library, programs, and control posts were also toured. PREA reporting information in English and Spanish were throughout the facility.

Immediately after the tour, the Site Coordinator provided the Auditor with staff rosters from all three shifts and provided a list of specialized staff. The Auditor then randomly selected from each shift, as well as established times to interview specialized staff.

The Site Coordinator provided the auditor with housing unit rosters. In reviewing the housing rosters the auditor randomly selected two - four inmates from each unit for random inmate interviews and selected inmates for the targeted protocols. Based on the available inmate population, inmates were selected for the following targeted protocols: Physical Disability, Cognitive Disability, Gay & Bisexual, Transgender, Inmates who have Reported Sexual Abuse, Inmates who Reported Sexual Abuse During the Risk Screening and Random Inmates. A total of 42 inmates to be interviewed with one inmate refusing to participate. JCCC provided confidential locations in the training center for the auditing team to interview inmates.

JCCC provided appropriate accommodations for the Auditor to conduct inmate and staff interviews. The auditor was given access to staff files, inmate files and any documentation that was requested. Facility staff was great to work with and were very accommodating. The Site Coordinator and Warden were readily available to answer any questions and assist in any way. Staff at JCCC was extremely helpful and polite throughout the entire process and escorted the Auditor throughout the facility.

Auditors interviewed a total of 41 inmates that had various lengths of stay. In addition, the Auditor interviewed a total of 32 staff to include the Warden, Medical and Mental Health Staff, Human Resources staff, , Upper Level Supervisors, Intake Staff, Staff who Perform Risk Screening, Volunteers, Staff who Monitor Retaliation, members of the Debrief Team, Investigator, as well as Random Staff from all shifts.

Prior to the exit interview, the Auditor reviewed onsite documentation. There was an exit interview conducted at the end of the site visit.

POST AUDIT

After the onsite portion of the PREA audit, this Auditor reviewed the notes from the tour; all interviews conducted and did another review of the supporting documentation. Work on the final audit report began.

On January 28, 2020, the PREA audit report was submitted to the PREA Resource Center and copies were sent to the Warden and Deputy Warden of JCCC, as well as, the statewide PREA coordinator.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Jefferson City Correctional Center (JCCC) is located in Jefferson City, Missouri. JCCC consists of 20 buildings. Inmate housing, which consists of eight housing units, includes two single cell housing, seven multiple occupancy house and 264 segregation cells.

JCCC receives offenders sentenced to the Missouri Department Corrections.

The current population at JCCC is 1,930 adult male offenders. During the past 12 months 714 offenders have been admitted to this facility. Of this number, 661 admitted had a length of stay longer than thirty days. The age range of the offender populations is 18 – 81 with custody level being medium/maximum.

JCCC has 479 employees who have contact with the offender population. This staff is responsible for the security of all buildings located at JCCC. In addition to its 479 employees, JCCC also has 121 volunteers and individual contractors who are currently authorized to enter the facility. There are 10 investigators across the State of Missouri with one facility investigator at JCCC.

JCCC is located within a secure perimeter. The facility has the official capacity to house 1,940 offenders.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 2
List of Standards Exceeded: 115.11, 115.64

Standards Met

Number of Standards Met: 42

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: NA

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019 outlines the agencies approach to preventing, detecting and responding to sexual abuse and sexual harassment of individuals confined at all of its' facilities. This same policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment. This mandate can be found on page 5 of this policy. It states, "All department staff members, contractors, or volunteers shall not engage in abuse or sexual harassment of an offender which includes sexual contact with or without the offender's consent. The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation. Staff members shall communicate professionally with all offenders, including gender non-conforming offenders in accordance with institutional services procedures regarding transgender and intersex offenders. Offender sexual abuse by a department staff member is a felony and could result in the requirement to register as a sex offender."

The MDOC Employee Handbook states, "When any employee of the Department has reason to believe that an offender has been abused, the employee must immediately report all pertinent details in writing to the Department Director. Failure to report offender abuse is a class A misdemeanor.

A Department employee who works at a correctional center commits the crime of sexual contact with an offender by having sexual intercourse or deviate sexual intercourse with an offender confined in a correctional center. A probation and parole officer commits the crime of sexual contact with an offender if the officer has sexual intercourse or deviate sexual intercourse with an offender who is under the supervision of the officer. (Deviate sexual intercourse is a very broad term that is not limited to intercourse; it includes other forms of physical contact of a sexual nature.) The offender's consent is not a defense to this crime. Sexual contact with an offender is a class D felony, which carries a maximum sentence of incarceration for four years." (Page 20)

This same policy also provides definitions of prohibited behavior regarding sexual abuse and sexual harassment on pages 2 and 3 under "Definitions" in Section II.

(b) Policy D1-8.13 also designates an upper-level, agency wide PREA Coordinator. Page 5 of this policy states, "To ensure compliance with the Prison Rape Elimination Act (PREA), the department shall employ a full-time PREA manager responsible for implementation and oversight of the department's efforts to prevent, detect, and respond to offender sexual abuse, harassment, and retaliation." The agency wide PREA Coordinator is located in MDOC's Central Office in Jefferson City and reports directly to the Office of Professional Standards, which in turn, reports to the Director of MDOC. The Auditor was provided a copy of MDOC's organizational chart outlining this chain of command.

While the agency wide PREA Coordinator does not directly supervise the 21 PREA Site Coordinators (one PREA Site Coordinator per adult state institutions in Missouri) the agency wide PREA Coordinator communicates regularly with Site Coordinators via meetings and email.

(c) JCCC has a designated PREA Site Coordinator as mandated by MDOC policy D1-8.13. Page 5 of this policy states, "Each facility and community confinement facility shall designate a PREA site coordinator who has sufficient time and authority to ensure the facility's compliance with the PREA standards at their assigned facility. The director of the division of adult institutions shall designate a PREA site coordinator at each facility at the level of deputy warden. The division director of the board of probation and parole shall designate a PREA site coordinator at each facility at the level of unit supervisor or higher."

JCCCs PREA Site Coordinator is also the Deputy Warden of Offender Management and reports directly to JCCC's Warden. The Auditor was provided a copy of JCCC's organizational chart outlining this chain of command.

JCCC's PREA Site Coordinator reports he has enough time to manage his PREA related responsibilities in addition to his responsibilities as Deputy Warden. He states, "I try to have a PREA conversation with staff when I see them; send out reminders about assessments; check living area for signage; and email out information on when PREA policies change."

He reports he takes "immediate action" if he spots areas of non-compliance. He states, "I immediately address is with the Housing Unit Manager or maintenance if that is the area of non-compliance."

Staff reported the JCCC takes zero-tolerance very seriously. Each staff person interviewed knew their roles in responding, preventing and detecting sexual abuse. Inmates interviewed reported PREA information is "everywhere." They also reported they felt staff would take a report of sexual abuse seriously.

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, JCCC is found to have exceeded the standard for zero-tolerance.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

JCCC does not contract with other agencies/facilities to house inmates assigned to JCCC. This was confirmed through interviews with administrative staff and documentation review.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☐ Yes ☐ No ☒ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the

staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(c) MDOC policy D1-8.3, Offender Sexual Abuse and Harassment, dated June 14, 2019 states, "The department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The staffing plan shall consider the facility's physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the composition of the offender population, and the prevalence of substantiated and unsubstantiated offender sexual abuse allegations. Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted." (page 6)

JCCC's staffing plan is predicated on the average daily population (ADP) of 1937. JCCC has a design capacity of 1940. JCCC reported their ADP since their last PREA audit in March 2017 was the 1937. The facility's administration report JCCC has never been over capacity. JCCC's current population is 1930.

The Warden states, "The staffing plan for JCCC is developed at Central Office and meets the needs of the facility." The Warden also reports JCCC has had no deviations from their staffing plan.

Central Office does take into consideration generally accepted detention and correctional practices, judicial findings of inadequacy, findings of inadequacy from federal investigative agencies, internal and external oversight bodies, physical plant layout, composition of inmate population, placement of supervisory staff, institutional programs, applicable state and local laws, regulations or standards, and the prevalence of substantiated and unsubstantiated incidents of sexual abuse.

Both the Warden and the PREA Site Coordinator report JCCC conducts camera reviews once a year to determine where staff are needed. They advise JCCC tracks where incidents happen, review shift summary reports and population in all housing units. This information is provided to the PREA Coordinator through an annual report titled, "The PREA Staffing and Yearly Reporting Implementation Team." The Auditor was provided a copy of 2019 report filed by JCCC showing compliance with the staffing plan.

The Auditor reviewed the 2016, 2017, and 2018 PREA Annual Report filed by JCCC. These reports cover all sexual abuse and sexual harassment allegations filed in that calendar year, camera monitoring reviews, staffing plan compliance, and any correction action JCCC made to maintain compliance with the PREA standards.

While camera and video monitoring are included in JCCC's PREA Annual Reports, JCCC does file a separate annual report specifically for this topic. The Auditor reviewed reports from 2017, 2018 and 2019.

(b) There have been no deviations from JCCC's staffing plan in the past 12 months.

(d) JCCC requires intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment of inmates.

MDOC policy D1-8.13 states, "Each institution shall ensure the classifications of lieutenant or above conduct and document unscheduled and unannounced rounds to identify and deter offender sexual abuse and sexual harassment. Each facility shall ensure that rounds occur periodically in all areas of the facility. Staff

members shall be prohibited from alerting other staff members that these rounds are occurring. The rounds shall be documented and readily accessible during audits as outlined in the facility's standard operating procedure.” (page 6)

JCCC Post Order #02, Shift Supervisor, dated November 1, 2016 states, “Shift Commanders are required to do an unannounced Physical Security Check of all three Administrative-Segregation Units (6 thru 8) and at least one General Population Housing Unit, once per shift. This round will be recorded in the supervisor’s shift summary, (with time in and out) and the Housing Unit Sign in Board. If it is not possible the reason why will be recorded in the shift summary.” (Page 6)

JCCC Post Order #04, Zone-3 COIII and Post Order #05, Zone-2 COIII also contain the same language.

The Auditor interviewed two upper-level supervisors. Each supervisor report they are required to check each area of the facility at least once a month. They also report they conduct daily facility rounds and go into the housing units. They report their checks are documented on a spreadsheet with the date, time and their signature when a check is completed. They also advise they sign into each housing unit when conducting these announced rounds.

The Auditor reviewed random housing units sign in sheets from all housing units. Unannounced rounds are being conducted on every shift in every housing unit.

Each supervisor reports they have not had an incident where staff were alerted at other housing units when these rounds were conducted. One supervisor does state, “There is no way to prevent it. However, we are out all the time. We just vary our routine to make our visits to the housing units random.”

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, JCCC is found to have met the standard for supervision and monitoring.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)
☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

JCCC does not house youthful inmates. This was confirmed through interviews with administrative and frontline staff, as well as, through the tour of the facility and documentation review.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
☐ Yes ☐ No ☒ NA

- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(c) JCCC does not allow cross-gender strip searches or cross-gender visual body cavity searches of inmates.

MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019, states, "Cross-gender strip searches are not allowed except in exigent circumstances. All cross-gender strip searches shall be documented as outlined in the institutional services and probation and parole procedures regarding searches." (Page 12)

JCCC's SOP20-1.3, Searches, dated April 1, 2016, states, "Strip searches directed by the shift supervisor, designee, or above will be conducted by 2 staff members of the same gender, when there is a reasonable suspicion that an offender is carrying contraband and an immediate search is necessary to prevent destruction or disposal of the evidence. To the extent possible, strip searches will be conducted in an area to allow privacy to the offender. Strip searches will be conducted by staff members of the same gender, except in exigent circumstances." (Page 8)

MDOC policy IS20-1.3, Searches, dated November 2, 2019 also states, "Strip searches shall be conducted by staff members of the same gender as the subject of the search, except in exigent circumstances. Exigent circumstances include: time delaying a search could allow for the destruction of evidence; escape of an offender; endangerment of life, health or property of staff members, offenders, or the public; and emergency movement situations (i.e. crime scene where evacuation of offenders needs to occur immediately and/or a check for weapons. Upon request, offenders who identify as transgender or intersex, will be provided privacy from other offenders when being strip searched. Staff members shall document a cross gender strip search on the cross-gender search form. The shift supervisor shall make all applicable notifications in accordance with standard operating procedures and forward the cross-gender search form to the PREA site coordinator and include a copy to the use of force packet if applicable. The PREA site coordinator shall review the cross-gender search form. If it is determined the search was conducted under non-exigent circumstances, it shall be referred for review and action as deemed appropriate. The PREA site coordinator shall maintain the cross-gender search form and supporting documents for tracking purposes." (Pages 6 -7)

JCCC reports there have no incidents of cross-gender strip searches or cross-gender visual body cavity searches of inmates since their last PREA audit in March 2017. There have been no incidents where medical staff have conducted such searches.

Interviews with inmates confirm this practice.

(b) N/A JCCC is a male only facility.

(d) MDOC/JCCC has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their buttocks and genitals.

MDOC policy D1-8.13 states, "Offenders shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff members of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks in accordance with, institutional services, and probation and parole procedures regarding searches." (Page 12)

The Auditor reviewed random housing unit logs from each unit and found cross gender announcements are being completed on each shift. These announcements are documented as "PREA Announcements" on the log. The date and time the announcement is made is listed as well as the initial of the officer who made the announcement.

While touring JCCC the Auditor either heard a cross gender announcement or saw a blue sign in the control window announcing female staff are on duty.

All inmates interviewed reported they either heard the PREA announcement in the morning or saw the blue sign in the control window.

While observing the shower, restroom and strip out areas in the housing units and the visitation building, the Auditor found the following:

- In Building 10 (Visitation) PREA reports signs in English and Spanish were present along with the Notice of Audit. Strip searches are conducted in a separate room and is done one inmate at a time. This is also a gender specific post. There is a camera in the area; however, it is facing the non-contact area.
- In Housing Units 1, 2, 3, 4 5, (General Population with HU 5 being re-entry Reception/Orientation and Programs) and 6 have two-man cells. Each wing consists of two tiers (four wings per housing unit with the top tier having two individual shower stalls with a swinging metal half door, and the bottom tier have three individual shower stalls. Each cell has one toilet in the front corner of the cell. With the door close, it is difficult to see the actual toilet. This allows adequate privacy for inmates to perform bodily functions without being observed by female staff.
 - It should be noted in Housing Units 3 and 4, wings were missing PREA signage. However, the classification office in each unit did contain PREA Signage and information on Victim Advocacy. The Site Coordinator was quick to address the issue of missing signs with the Functional Unit Manager (FUM) and signs were in place before the Auditor completed this portion of the audit.
- Housing Unit 7 (Restrictive Housing) consists of four wings with two tiers with the top tier having two individual shower stalls with a metal mesh door and solid plate protecting the genital area from view of staff. The bottom tier has three individual shower stalls with the same set up. Each cell has one toilet in the front corner of the cell. With the door close, it is difficult to see the actual toilet. This allows adequate privacy for inmates to perform bodily functions without being observed by female staff. Each wing has PREA signage, the Notice of Audit and information on Victim Advocacy on the bulletin board.
- Housing Unit 8 (Long Term Restrictive Housing) consists of six wings. Each cell is two-man with one toilet in the front corner of the cell. With the door close, it is difficult to see the actual toilet. This allows adequate privacy for inmates to perform bodily functions without being observed by female staff. Each wing has individual shower stalls with a metal mesh door and solid plate protecting the genital area from

view of staff. Each wing has PREA signage, the Notice of Audit and information on Victim Advocacy on the bulletin board.

- This same housing unit also has one wing had cells with cameras. When viewing camera views it was discovered that while JCCC attempted to pixilate views of the toilets, it was dense enough. The Auditor could still view the toilets in these cells. Each cell has clear glass in front for full viewing by staff. The Control Room is not a gender specific post.
- It was also discovered this unit had a suicide cell with the same issue. At the time the Auditor was in the Control Room, one inmate on suicide watch had removed his suicide prevention smock was completely naked. While you cannot control the removal of the smock, the officer in the Control Room did violate policy as he allowed females to enter the control room while the inmate was unclothed.
- The Site Coordinator immediately addressed the issue with the staff regarding the policy violation and by the time Auditor left the facility on December 13, 2019, the pixilation on the cameras were darkened blocking the view of the toilets.

Except for the inmates in the suicide cell in Housing Unit 8 who remove their smock, staff report there is never a time where male inmates will be unclothed in front of non-medical female staff.

(e) MDOC policy D1-8.13 states, "Staff members shall not perform strip or pat-down searches or conduct a physical examination for the sole purpose of determining an offender's genital status in accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center." (page 13)

This same policy also states, "If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status.

Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members." (Page 9)

MDOC policy IS11-34.1, Health Assessment and/or Physical Examinations at Reception, dated June 18, 2018, also states, "The facility will not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by the responsible physician. (Page 4)

All staff interviewed reported searching an inmate solely for the purpose of determining genitalia was strictly forbidden.

During the onsite portion of this audit, JCCC had seven inmates who identified as transgender females. Of the seven, two consented to being interviewed. They reported they have never been searched solely for the purpose of determining genitalia.

(f) MDOC policy D1-8.13 states, "Staff members shall be trained in how to conduct cross gender pat down searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible as consistent with security needs." (Page 13)

JCCC reports 100% of staff have received cross-gender and transgender pat down search training.

Staff interviewed report they received this training while at the academy.

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, JCCC is found to have met the standard for cross-gender viewing and searches.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's

procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders.” (Page 10)

This same policy also states, “To notify hearing impaired offenders of cross gender staff in the housing unit, all housing units should display a sign indicating when a cross gender staff member is present.” (Page 12)

The requirement for the display of this sign is also required in the remaining housing units at JCCC.

JCCC reported multiple inmates with physical or cognitive disabilities. The Auditor spoke with one inmate who was identified as being hard of hearing. He reported he was able to understand the PREA information provided and required no other services to do so. The Auditor spoke with two inmates who were identified as having a cognitive disability. During their interviews, each was able to tell me how they would report sexual abuse and staff will explain if they have questions.

During the tour of JCCC, signs were posted throughout the facility providing inmates who are hard of hearing or deaf, instructions on how to dial the TTY (Text Phone or Teletypewriter) phone system.

MDOC also has in place multiple contracts with Missouri agencies for Sign Language Interpretation Services. These agencies include: Access Interpreters LLC, ASL Communication Services Inc., Associates in Sign Language LLC, Columbia Interpreting Services, Deaf Empowerment Awareness Foundation, Deaf Inter-Link Inc., Global Village Language Center, International Language Center, Interpretek, Interpreters Unlimited, MT & Associates LLC, and TLC Interpreting Services LLC.

The PREA video showed during orientation is also available in closed caption for hearing impaired inmates.

JCCC also has PREA information prepared in braille for any inmate who is visually impaired. PREA Acknowledgement forms (acknowledging PREA education) can also be found in large print. The PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in large print.

All staff at JCCC have received the training, “Special Needs Offenders,” during basic training. This curriculum teaches staff to compare and contrast individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Staff are also taught how to assess the potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication.

b) MDOC policy D1-8.13 states, “Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment.” (Pages 10-11).

There were no Limited English Proficient inmates assigned to JCCC during this portion of the audit. This was confirmed through interviews with staff and administration.

JCCC has PREA Acknowledgement forms (acknowledging PREA education) in the following languages: Chinese (Simplified and Traditional), English, Japanese, Russian, Serbo Croatian, Spanish and Vietnamese. PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in the same languages.

A written transcript of PREA video showed during orientation is also available in English and in Spanish.

During the tour of JCCC, the Auditor noted PREA posters announcing zero tolerance and how to report sexual abuse were posted in English and in Spanish.

c) MDOC policy D1-8.13 states, "Offender interpreters shall not be utilized except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first responder duties, or the investigation." (Page 15)

All JCCC staff interviewed supported this this practice.

Based on the evidence provided through policy, staff and inmate interviews, documentation review and the tour of the facility, JCCC is found to have met the standard for working with inmates with disabilities and inmates who are limited English proficient.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? ☒ Yes ☐ No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, f, g) MDOC policy D1-8.13 states, "Department staff members shall not hire or promote any person, employee, or enlist the services of any contractor that may have contact with an offender when it is known that he: has engaged in sexual abuse with an offender in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse." (Page 7)

MDOC application for employment specifically asks these three questions.

b) This same policy also states, "Department staff members shall consider any incidents of sexual harassment in determining whether to hire or promote any person or enlist the services of any contractor who may have contact with offenders in accordance with the department's procedures regarding background investigations, promotional appointments, maintenance of employee records, employee discipline, and labor organizations." (Page 7)

A representative from human resources states, "Yes, we do. We gather all the information for the warden to make the final decision".

The MDOC Employee Handbook states, "Employees who are arrested or charged with a criminal offense must immediately notify the chief administrative officer or highest-ranking staff member available. In this context, immediate means as soon as possible but no later than the beginning of the next shift worked by the employee. Employees are required to report arrests and charges for all felonies and any misdemeanor, except a minor traffic violation. Alcohol related charges and driving while license is suspended or revoked are not minor traffic violations, so employees must report those matters. Employees must report any citation or arrest for a traffic violation that occurred while operating a state-owned vehicle. In addition to making an immediate oral report, employees must submit to the chief administrative officer a detailed written account of the incident that led to the employee's arrest or filing of criminal charges. Employees must submit this

written account before the end of the next shift worked after being arrested or charged. In the event that an employee is on leave, the employee is required to provide written notification as soon as possible but no later than three days after being arrested or charged. Employees must notify the chief administrative officer in writing about court appearances related to the charges in advance of the court appearance. Employees must promptly provide a written account of the final disposition of the charge. This includes any plea that results in a suspended imposition or execution of sentence.” (Page 18)

c, d, e) MDOC policy D1-8.13 states, “Before hiring new employees the human resources staff members or designee shall: perform a criminal background records check; and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the department procedure regarding background investigations.” (Page 7)

A representative from human resources states, “Yes, before they come to work. We then do one annually on their birth month. We also do another background check when they get promoted.” The representative added, “We use MULES (Missouri Uniform Law Enforcement System and NCIC.”

While onsite, the Auditor reviewed nine employees’ files and found criminal background checks have been completed per this standard.

g) The human resource representative states, “Any inquiries about former employees are not handled at the facility level. This is referred to Central Office.”

Based on the evidence provided through policy, staff interviews, and documentation, JCCC is found to have met the standard for hiring and promotional decisions.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) JCCC has not modified or expanded its facility or acquired additional buildings since their last PREA audit.

b) MDOC policy D4.4.8, Security Camera Operations, dated November 23, 2019 states, "To assist in the prevention, detection and prosecution of offender sexual abuse and overall security of the facility, the security camera committee will conduct an annual assessment of the entire facility and submit a report to the CAO indicating the status of the camera system and recommend changes and additions. The CAO or designee will maintain a current document reflecting existing video equipment, requests for new purchases, and identified areas needing video surveillance. A copy of this document will be forwarded to the security intelligence unit. When debriefing critical incidents consideration shall be given as to whether security camera equipment or monitoring shall be augmented to supplement supervision by staff members in accordance with department procedures regarding serious incident reporting and debriefing. All changes will be shared with the security intelligence unit." (Page 3)

JCCS has not modified or upgraded their camera system.

Based on the evidence provided through policy and the tour of the facility, JCCC is found to have met the standard for upgrades to the facility and technology.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b) MDOC Statewide PREA Coordinator states, "The PREA Unit Investigators utilize nationally recognized protocols for the collection and preservation of evidence as discussed in the 'A national Protocol for Sexual Assault Medical Forensic Examinations.' The protocols utilized are appropriate for youthful offenders. The Department's evidence protocol is outlined in D1-8.8, Evidence Collection, Accountability and Disposal."

All JCCC staff interviewed were able to explain to the Auditor MDOC's requirements as it relates to preserving evidence and securing a crime scene. All staff advised victims and perpetrators would not be allowed to shower, brush their teeth, drink water, smoke, change clothes or use the restroom until they were told they could do so.

RECOMMENDATION: Update MDOC policy D1-8.8, Evidence Collection, Accountability and Disposal, dated August 28, 2014, to reflect the formation of the PREA Unit and its investigative responsibilities for sexual abuse allegations.

c) MDOC policy D1-8.13 states, "Health Services staff member cannot collect physical evidence from a victim or perpetrator following a report of offender sexual abuse but may assist in the preservation of items related to the incident. A sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE) may collect evidence in conjunction with a sexual assault examination. Health services staff members shall screen victims for obvious physical trauma and provide emergency medical care. If the alleged perpetrator is a staff member, the victim shall be transported to the community emergency room for a sexual assault examination to be performed by a SANE or SAFE. The offender shall be out counted when the incident is alleged to have occurred within 120 hours. If an allegation of offender sexual abuse is made within 120 hours of the alleged event and consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis, the health services staff member shall: Contact the on call SANE staff member to inform them to report to the facility and determine the staff member's estimated time of arrival. Notify the shift commander that a sexual assault examination is needed and the estimated time of arrival of the SANE staff member. The shift commander shall proceed with the coordinated response as outlined in the coordinated response protocol for institutions." (Page 17)

In the past 12 months, there have been two forensic medical exams, SANE/SAFE's, or exams performed by qualified medical practitioner on inmates assigned to JCCC.

There were no SANE nurses onsite during the onsite portion of this audit.

The Statewide PREA Coordinator reports, "Forensic exams are conducted onsite at each Missouri Department of Corrections facility by certified Sexual Assault Nurse Examiners which are provided through the Department's medical contract with Corizon."

The Auditor reviewed Corizon's Contractual Requirement document. It states, "Offenders who report sexual assault will be treated for immediate stabilizing healthcare needs onsite and then transferred to an offsite hospital emergency room/SANE/SAFE provider for forensic evaluation and treat. Corizon has contracts and access through HealthLink for accessing SANE/SAFE providers." (Page 43)

d, e) MDOC policy D1-8.13 states, "Each facility will offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility will attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt will be documented and advocacy services will be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. When the facility cannot successfully enter into a MOU with an outside community service provider for offender victim advocacy services, or when the outside community advocate is not available, a qualified staff member victim advocate will be provided. All staff members serving as a designated victim advocate for offenders will receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims will be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee will serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee will ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety will receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous, to the office of the inspector general. Offenders will have reasonable access upon their request to the ongoing services of a victim advocate to include: Communication by mail or special visits in as confidential manner as possible to maintain safety and security of the institution. Being informed prior to being given access to a victim advocate, the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates will be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits will

be arranged through the PREA site coordinator or designee. Facilities will make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations. The facility will enable reasonable communication between offender victims and these organizations. A list of the above will be maintained in the library and/or other common areas of every facility." (Pages 21 -22)

MDOC also has contract with the Missouri Coalition Against Domestic and Sexual Violence (MCADSV) to train facility chaplains to act as qualified agency staff victim advocate. The Auditor reviewed MCADSV curriculum and proof of training of three staff persons as JCCC.

The Site Coordinator reports, "We have the chaplains and a case worker trained to be a victim advocate if needed. We do not have a contract with a rape crises center. We have reached out, but they have opted out of a partnership with us."

Two inmates onsite consented to be interviewed who had reported sexual abuse in the past 12 months. Both reported they were offered advocates but declined their services.

f) NA MDOC/JCCC are responsible for administrative and criminal investigations.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, JCCC is found to have met the standard for evidence protocol and forensic examinations.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b) MDOC policy D1-8.13 states, "The department shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website." (Page 20)

This same language is also found in MDOC policy D1-8.1, Office of Professional Standards, dated July 1, 2017. MDOC PREA Unit is housed under the Office of Professional Standards.

MDOC policy D1-8.4, Institutional Investigations, dated July 1, 2017 covers administrative investigations. This policy states, "An inquiry or investigation may be conducted by an institutional investigator when: an offender may have engaged in a violation of offender rules; or, there is staff member on offender sexual harassment. Allegations of offender sexual harassment or offender sexual abuse related to pat searches or uses of force will be processed in accordance with the PREA coordinated response protocol." (Page 3)

In the past 12 months, JCCC has had 26 allegations of sexual abuse or sexual harassment. Seventeen allegations resulted in administrative investigations. Seventeen investigations have been completed.

The interview with investigator confirmed all allegations of sexual abuse and sexual harassment are referred for investigation.

Based on the evidence provided through policy and staff interviews, JCCC is found to have met the standard for policies to ensure referrals of allegations for investigations.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training?
☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, c) JCCC has trained 100% of their staff in the prevention, detection, and response to sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "All new staff members shall complete the department's online sexual misconduct and harassment training within 5 working days of employment. All staff members shall receive initial PREA training during the department's basic training. All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years in which an employee is not required to complete training, the department's PREA manager shall provide current information on sexual abuse and sexual harassment policies via the department's PREA intranet page <http://docintranet.ads.state.mo.us/Division/OD/PREA.htm>." (Page 7)

All staff interviewed were able to discuss details of the PREA training they received during basic training and annual PREA refreshers.

b) While JCCC is a male only facility, the same MDOC policy addresses gender specific training staff will receive when working at a female facility or when they transfer to a female facility from a male facility. This policy states, "All new staff members who shall be placed at a female facility shall receive Working With The Female Offender training prior to being placed at a post. Staff members shall receive additional training if they are reassigned from a facility that houses only male offenders to a facility that houses only female offenders. Staff members shall receive additional training if they are reassigned from a facility that houses only female offenders to a facility that houses only male offenders if their basic training or institutional basic training occurred more than two years prior to the time of assignment." (Page 8)

d) MDOC policy D1-8.13 states, " All completed PREA training shall require a PREA acknowledgment form or PREA basic training acknowledgment form stating the staff member understood and completed the training. This form shall be routed through the facility training officer or regional training coordinator. The facility training officer or regional training coordinator shall send the original PREA acknowledgment form to the central office human resources personnel for retaining in the employee's personnel file." (Page 8)

JCCC documents, through employee signature, the understanding and completion of the training they have received. The Auditor reviewed nine staff files and found each staff person had PREA training.

Based on the evidence provided through policy, staff interviews, and documentation review, JCCC is found to have met the standard for employee training.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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a, b) JCCC has trained 100% of all contractors and volunteers who enter the facility and have contact with the inmates.

MDOC policy D1-8.13 states, "All part-time employees, volunteers, and contract staff members shall receive PREA training specific to their classification as determined by the appropriate division director and chief of staff training... Vending contractors shall be escorted by a staff member at all times or shall receive PREA training prior to entering the facility." (Page 7)

All volunteers interviewed report receiving PREA training that included the zero-tolerance policy and how to report sexual abuse or sexual harassment.

c) MDOC policy states, "Volunteer acknowledgment forms shall be retained in the volunteer's file by designated facility staff members. Vending contractors acknowledgment forms shall be retained in the vendor file by designated facility staff members. Work release supervisor acknowledgment forms shall be retained by the work release coordinator at the facility in the work release supervisor's file." (Page 8)

While onsite the Auditor reviewed five training records of volunteers and contractors finding all five had received the required PREA training.

Based on the evidence provided through policy, interviews, and documentation review, JCCC is found to have met the standard for volunteer and contractor training.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b, c, d) JCCC reports 714 inmates have received PREA education in the past 12 months in accordance with policy.

MDOC policy D1-8.13 states, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment." (Page 12)

Intake staff at JCCC states all inmates are given a PREA flyer when they first come into the facility. The flyer covers the zero-tolerance policy and how to report sexual abuse and sexual harassment. Intake staff also advise the PREA orientation video is shown within 24 hours; either that day or the next.

All inmates interviewed reported receiving PREA information the first day they arrived at JCCC.

e) JCCC documents all inmate education. While onsite the Auditor reviewed the records of 19 inmates and found all inmates received PREA information and orientation within the required timeframe.

f) During the tour of JCCC, the Auditor observed PREA information signs and way to report posted most housing units, Visitation, Education Building, Medical, Chapel, Gym, Factory, Kitchen, and Maintenance. This information is posted in English and Spanish.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, JCCC is found to have met the standard for inmate education.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b, c) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Gerrity, sexual abuse evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator. The investigator was able to discuss the training the investigators received in detail. The Auditor was advised topics included Miranda and Gerrity, interviewing and evidence collection.

Based on the evidence provided through policy, staff interviews, and documentation review, JCCC is found to have met the standard for specialized investigation training.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full-

or part-time medical or mental health care practitioners who work regularly in its facilities.)

☒ Yes ☐ No ☐ NA

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)

☒ Yes ☐ No ☐ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
☒ Yes ☐ No ☐ NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC policy D1-8.13 states, "Medical and mental health staff members shall receive annual specialized PREA training." (Page 8)

The Auditor reviewed the curriculum titled, "PREA-Specialized Medical/Mental Health Professional Training," dated May 2015. Program overview states, "This training class is for Medical and Mental Health Professionals working with the Missouri Department of Corrections (MDOC) and serves as review of the PREA standards and how they apply to Mental and Mental health professions/roles throughout the department. Course includes information on the federal Prison Rape Elimination Act Guidelines; a definition of PREA; its applicability to all MDOC staff; and definitions of offender sexual abuse." This is a 2-hour credit course.

Interview with medical staff supported receiving annual specialized training.

- b) While onsite the Auditor was provided proof of certificates for SANE training for six nurses.
- c) While onsite the Auditor reviewed five training records of medical and mental health staff and found all of them had received the annual specialized training and the required MDCO PREA training.

Based on the evidence provided through policy, staff interviews, and documentation review, JCCC is found to have met the standard for specialized medical and mental health training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has three classifications determined by the Adult Internal Risk Assessment (AIRA): Alpha (High Risk of Abusiveness), Kappa (Low Risk for either Abusiveness or Victimization), or Sigma (High Risk of Victimization).

a, b, c) MDOC policy D1-8.13 states, "Facilities will assess offenders for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment in accordance with the institutional services procedure regarding diagnostic center reception and orientation, and probation and parole procedures regarding the community supervision center, the community release center, and contracted residential facilities. Offenders will be assessed within 72 hours of arrival." (Page 8)

All staff interviewed who perform the AIRA stated the initial assessment is done the first day at JCCC. They also advised they have up to 72 hours to complete the initial assessment if they run into issues the first day through Reception and Orientation.

All inmates interviewed supported this practice.

d, e) AIRA contains the ten elements identified in these subsections.

Interviews with the staff who conduct the AIRA report the instrument considers age, build, weight, sexual orientation, institutional violence, criminal history and sex offenses.

f, g) MDOC policy states, "Offenders shall be reassessed within 30 days of arrival. The reassessment shall consider additional relevant information received by the facility after the initial intake screening. The offender's risk level shall be reassessed when warranted due to a referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offender's risk of sexual victimization or abusiveness." (Page 9)

JCCC has not had any assessment exceed the 72 hour or 30-day reassessment timeline. While onsite the Auditor reviewed the records of 19 inmates and found all inmates had their initial assessment and 30-day assessment completed within the required timeframe.

h) MDOC policy states, "The offender shall not be disciplined for refusing to answer or not disclosing complete information during the assessment." (Page 9)

Interviews with risk assessment staff report inmates are not disciplined for refusing to participate or answer questions related to the AIRA.

Interviewed staff also report they have never experienced an inmate refusing to participate in the AIRA.

i) JCCC has appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard.

MDOC has assigned security levels to specific job descriptions. Only classification and administration staff have the security level to access the questions on the AIRA. Security staff only have security permissions to access the final classification of Alpha, Kappa or Sigma.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, JCCC is found to have met the standard for screening for risk and abusiveness.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy IS5-2.3, Offender Internal Classification, dated March 17, 2019 states, "The department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines. Offenders placed in temporary administrative segregation confinement, administrative segregation confinement, disciplinary segregation confinement, protective custody, or transitional care units will be assigned a cell according to the offender's internal classification score. Staff members who supervise offenders in required activity assignments will utilize the internal classification score to monitor offenders in accordance with institutional services procedures regarding required activities." (Page 2)

b) This same policy states, "Upon transfer to a facility or institution, the offender will be housed based on their most recent internal classification score. CCMs will conduct a new internal classification within the first 72 hours at that facility and the offender will be housed in accordance with the new internal classification score. CCMs will complete a second internal classification within 30 calendar days of the offender's arrival to the facility. If there is a change in the internal classification score the CCM will review the offender's housing assignment to determine if a change in bed assignment is required. If an assignment change is required, this must be made on the same day the assessment is completed. Every time an offender transfers to another facility, the internal classification process will be repeated." (Page 3)

Interviews with staff supported this practice.

The Site Coordinator reports the AIRA is used to determine housing placement, bunk placement and job assignments. We don't house Alphas with Sigmas. It also helps us determine staff placement,"

c, d, e, f, g) MDOC policy D1-8.13 states, "If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members. Housing assignment for transgender and intersex offenders will be made as outlined in this procedure, on a case-by-case basis by the institutional transgender or intersex committee or designee of the community confinement facilities to ensure the health and safety of the offender in accordance with the institutional services procedure regarding offender housing assignments, transgender and intersex offenders and the probation and parole procedure regarding risk assessment and housing assignments." (Page 9)

MDOC also utilizes a transgender committee to provide individualized decision making. MDOC policy D1-813 states, "Each institution will have a transgender committee to make informed decisions regarding the health and safety of transgender and intersex offenders assigned at that facility. The transgender committee shall meet with the offender upon arrival at the facility and every six months thereafter or more often if deemed necessary. The transgender committee will complete a written report within 10 working days of the offender's arrival at the facility and after each 6 month meeting. The report should be forwarded to the appropriate deputy division director of the division of adult institutions; the director of the division of rehabilitative service and the PREA manager for review and approval. A response should be made back to the transgender committee within 10 working days. The written decision shall be maintained in the offender's classification and medical records in accordance with departmental procedures regarding record retention. The transgender committee meeting and subsequent written report shall include the following: offender's view of his vulnerability within the general population, historical overview of the offender's transgender/intersex status, Include information regarding where the offender is in the transition process, amount of time living as a transgender, and the offender's concerns and views regarding the transition process and review of the offender adult internal risk assessment, The report should show the adult internal risk assessment was reviewed and whether the offender required a reassessment. If information is obtained

which would affect the offender's classification, the offender will be reassessed utilizing the adult internal risk assessment. review of the offender's institutional adjustment, PREA allegations/investigations, review of programming assignments, recommendations regarding the offender's health and safety to include: housing assignment, Housing assignments for transgender or intersex offenders shall not be made based solely on genitalia but shall consider the offender's health and safety and the security of the facility through a review of the respective classification, medical and mental health records. The transgender or intersex offender's own views with respect to his safety shall be given serious consideration when determining housing. showering, Transgender or intersex offenders shall be offered the opportunity to shower separately from other offenders. special needs. If the contracted mental health provider recommends hormone replacement therapy the recommendation will be included in the transgender committee report. If specialized clothing, such as a support garment, is recommended, the recommendation shall be included in the report. A written doctor's recommendation shall accompany the report." (Page 11)

Site Coordinator advises the Transgender Committee will meet within ten days after they arrive at the facility and then meets every six months to make sure everything is ok. They also report they have not concerns with the showers as they are individual stalls.

Interviews with staff who conduct the AIRA support this practice.

There were seven transgender inmates assigned to JCCC during the onsite portion of this audit. Two transgender inmates consented to speaking with the Auditor. They report they are not housed in a separate unit and felt their housing concerns were addressed when they arrived at JCCC.

The Auditor did review transgender committee notes for five transgender inmates housed at JCCC. These notes were found to be compliant with this standard.

h) JCCC does not have dedicated wings to house gay, bisexual, transgender or intersex inmates.

Interviews with staff, administration and inmates confirm this practice.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, JCCC is found to have met the standard for use of risk screening information.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During the previous 12-month reporting period JCCC has not placed any victim in involuntary segregated housing due to a PREA event.

a, c, d) MDOC policy D1-8.13 states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include: return to assigned housing; temporary reassignment of staff members; assignment to another housing unit; and temporary segregated housing for protective custody needs. Segregated housing should not be considered as the first option to ensure safety of the victim. The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist form of the recommended housing option. If temporary administrative segregation confinement (TASC) is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding temporary administrative segregation confinement and administrative segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit." (Page 16)

The Warden states, "We never force them to go to PC (Protective Custody) We always want the victim to be safe. We use PC as a last resort"

b) There were no inmates assigned to temporary restrictive housing due to being at high risk of sexual victimization at the time of this audit.

e) This same policy states, "Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody." (Page 16)

Based on the evidence provided through policy, staff interviews, and documentation review, JCCC is found to have met the standard for protective custody.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request?
☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)
☐ Yes ☐ No ☐ NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?
☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) JCCC has multiple ways for inmates to report sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "Each facility's CAO or designee shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff member neglect, and violation of responsibilities that may have contributed to an incident of offender sexual abuse, to include but not limited to: informal resolution request (IRR), grievance process, or offender complaint, a staff member, PREA hotline, and advocacy agency. Offenders may make anonymous reports of allegations of offender sexual abuse to the Department of Public Safety, Crimes Victims Services Unit. All offender mail addressed to the Crimes Victims Services Unit shall be treated as confidential mail and not subject to examination. Facilities shall maintain strict policies prohibiting mailroom staff from revealing to staff members or administrators the fact that an offender sent correspondence to the sexual abuse reporting entity. Allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure." (Page 13)

MDOC does not house inmates solely for civil immigration purposes.

MDOC has a memorandum of understanding with the Missouri Department of Public Safety (DPS) which allows DPC to receive written correspondence of allegations of offender sexual abuse and harassment. This MOU was signed in 2014 is continuously renewed.

JCCC has not received third-party or anonymous reports in the past 12 months.

All staff interviewed were able to describe multiple ways inmates could report sexual abuse.

All inmates interviewed reported they knew of multiple ways to report sexual abuse including using the PREA hotline, writing a kite and telling an officer.

d) This same policy also states, "Staff members may anonymously report allegations of offender sexual abuse, harassment, or retaliation utilizing the employee reporting hotline in accordance with department procedure regarding discrimination, harassment, retaliation, or unprofessional conduct." (Page 13) JCCC staff may utilize the C.L.E.A.R (Confidential Line for Employee Allegations and Reporting) Line. Employees may call or email this service.

All staff interviewed reported they would not anonymously report sexual abuse or sexual harassment. They advised they would go directly to their supervisor. However, when asked if it was situation where they may fear retaliation if they made that report, most staff reported they could use the C.L.E.A.R. Line if needed to report the abuse or the PREA hotline.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, JCCC is found to have met the standard for inmate reporting.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC/JCCC is not exempt from this standard.

b, c) MDOC policy D1-8.13 states, "The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse. The department shall not impose a time limit for an offender submitting a grievance or complaint regarding an allegation of sexual abuse. The department may apply otherwise applicable time limits to any portion of a grievance or complaint that does not allege an incident of sexual abuse in accordance with the department procedure regarding offender grievance, institutional investigations, and office of professional standards." (Page 14)

MDOC policy D5-3.2, Offender Grievance, dated January 1, 2015 states, "There will be no time limit for submitting complaints regarding allegations of offender sexual abuse. All complaints regarding offender sexual abuse will be processed as outlined in accordance with this procedure. The department will not require an offender to use the informal grievance process, or to otherwise attempt to resolve with staff members, an alleged incident of offender sexual abuse. All informal resolution requests, offender grievances or offender grievance appeals containing allegations of offender sexual abuse, will be processed in the manner outlined in this section. An offender who alleges offender sexual abuse may submit an informal resolution request, offender grievance, or offender grievance appeal without submitting it to a staff member who is subject to the complaint. A staff member who is the subject of the complaint should not be the respondent. When the staff member responsible for processing informal resolution requests, offender grievances, or offender grievance appeals receives a complaint alleging offender sexual abuse, a copy of the form will be forwarded to the shift commander and the offender sexual abuse coordinated response will be initiated in accordance with the department procedure regarding PREA." (Pages 9, 16 -17)

It should be noted the Offender Grievance policy is available to all inmates in the library of JCCC.

d) MDOC policy D5-3.2 states, "Informal resolution request alleging sexual abuse will be processed normally with the exception of the following: A response should be completed as soon as practical, but no

later than 30 calendar days of receipt. Offender grievances alleging sexual abuse will be processed normally with the following exceptions: the CAO or designee should respond within 30 calendar days of receipt. Computation of the 30 day time period will not include the days between the offender's receipt of the informal resolution request and receipt of the offender grievance by the grievance officer or designee. Offender grievance appeals alleging offender sexual abuse will be processed normally with the following exceptions: a response should be provided as soon as practical, but no later than 30 calendar days of receipt. Computation of the 30 day time period will not include the days between the offender's receipt of the offender grievance response and receipt of the offender grievance appeal by central office grievance staff members. Appeals will be referred to the deputy division director or designee. An extension of time to respond, of up to 70 days, may be claimed if the normal time period for response is insufficient to make an appropriate decision. The offender will be notified in writing of any such extension and will be provided a date by which a response will be provided. At any level of the administrative process, including the offender grievance appeal level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may proceed to the next level of the offender grievance process." (Page 17)

JCCC has had no grievances filed alleging sexual abuse in the past 12 months.

JCCC also utilizes a "Warden Log" to ensure timeframes are met.

e) This same policy states, "Third Party Reporting: Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for informal resolution requests, grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution. When a staff member receives a request from a third party to file a complaint via the offender grievance procedure on behalf of an offender regarding allegations of offender sexual abuse. The staff member will require the party making the complaint to submit such in writing. Administrative or case management staff members will then prepare a report of incident in accordance with procedure for possible investigation or inquiry. When a staff member receives the documentation from the reporting third party, it will be attached to an informal resolution request form and will immediately be recorded in accordance with this procedure. A copy of the documentation will also be forwarded to the CAO or designee in order to be attached to the possible investigation or inquiry. The case manager shall attempt to discuss the issue with the offender (victim) prior to developing a response to confirm if the alleged victim agrees to have the request filed on his behalf. If the offender declines to have the request process on his behalf, the case manager shall document the offender's decision in the discussion section of the informal resolution request form and the complaint shall be considered withdrawn for grievance purposes. If the offender agrees to have the request processed on his behalf, it will then be documented in the discussion section of the informal resolution request and will be processed normally in accordance with this procedure." (Pages 17 -18)

f) This same policy also states, "Allegations of offender sexual abuse by employees shall immediately be reported to the CAO or designee for possible investigation or inquiry. If the staff member who processes the informal resolution requests determines that it meets the definition of a PREA emergency complaint, the offender will be provided an informal resolution request form. Emergency informal resolution requests will be processed as follows: The offender will request an informal resolution request form from case management staff members and briefly state the issues and subject of complaint in accordance with this procedure. When a staff member receives the completed informal resolution request form from the offender, the staff member will record receipt of the form in accordance with this procedure and it will be taken to the CAO or designee immediately. Upon receipt of an informal resolution request from an offender, the CAO or designee may confer with the PREA site coordinator to make the determination if the informal resolution request should be handled as an emergency. The CAO or designee will prepare an initial response which will be attached to the informal resolution request and provided to the offender within 48 hours of receipt of the initial filing date. The offender will sign and date the response. A final response from the CAO or designee will be provided to the offender within 5 calendar days from the initial filing date. The offender will sign and date the form. The initial and final response for the informal resolution request shall document the

department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency informal resolution request. If the offender is unsatisfied with the final response for the informal resolution request and chooses to file a grievance, an offender grievance form will be provided. The grievance or grievance appeal will then be processed as a non-emergency PREA complaint as noted in this procedure." (Pages 18 – 19)

g) The grievance policy also states, "No reprisals shall be taken against any offender for use of, or participation in, the offender grievance procedure. Offenders may be held accountable for misusing or abusing the offender grievance procedure as stated in this procedure. This action is not considered a reprisal...All offenders are encouraged to utilize this procedure for the redress of grievances; however, offender must refrain from knowingly and deliberately filing improper, duplicative, expanded or frivolous IRR, offender grievances or offender grievance appeals." (Pages 4, 5)

Based on the evidence provided through policy, staff interviews, and documentation review, JCCC is found to have met the standard for exhausting administrative remedies.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c) MDOC policy D1-8.13 states, "Each facility shall offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility shall attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt shall be documented and advocacy services shall be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. All staff members serving as a designated victim advocate for offenders shall receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims shall be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee shall serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee shall ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety shall receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous to the PREA unit. Offenders shall be allowed to communicate with an advocate by mail or special visit in a confidential manner as possible to maintain safety and security of the institution. Offenders shall be informed before being given access to a victim advocate, the extent to which communications shall be monitored and the extent to which reports of abuse shall be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates shall be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits shall be arranged through the PREA site coordinator or designee. Facilities shall make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations." (Pages 20 -21)

The Site Coordinator states, "Here at Jefferson City Correctional Center we ensure every offender is provided a flier that outlines how to obtain advocacy services and how to report allegations of sexual abuse and harassment while assigned to administrative segregation. I have attached a flier for your viewing."

For inmates who are placed in restrictive housing, they are provided a PREA flyer with the addresses of Just Detention International and Rape, Abuse and Incest National Network (RAINN). Inmates at JCCC can contact these agencies for emotional support. The flyer is available in English and Spanish.

Two inmates onsite consented to be interviewed who had reported sexual abuse in the past 12 months. Both reported they were offered advocates but declined their services.

Interview with other inmates reported they knew there were services available to them outside of the facility; however, they could not name the resource. Most stated they seen that information in the PREA information they received at intake.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, JCCC is found to have met the standard for inmates' access to outside confidential resources.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) Methods to report sexual abuse and harassment are made available to the public via the Department's website which you can access at <http://doc.mo.gov/OD/PREA.php>.

JCCC also has posters in visitation that outline ways for friends and family to report sexual abuse or sexual harassment.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, JCCC is found to have met the standard for third-party reporting.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, c, d, e) MDOC policy D1-8.13 states, "Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. Medical and mental health staff members shall inform offenders at the initiation of services of the practitioner's duty to report in accordance with statutes." (Page 6)

Missouri Revised Statute Chapter 217, Department of Corrections, Section 217.410, outlines staff duty to report.

Missouri Revised Statute Chapter 630, Department of Mental Health, Section 603.005, defines a vulnerable person as any person in the custody, care, or control of the department that is receiving services from an operated, funded, licensed, or certified program. Section 630.163 also outlines staff duty to report.

All staff interviewed reported they were mandated reporters of sexual abuse and sexual harassment. Staff reported failure to report could result in disciplinary action up to termination. Many staff also reported there could be legal repercussions for failing to report sexual abuse or sexual harassment of inmates.

Health Services also report they are mandated reporters of sexual abuse. They also state informed consent is part of the process.

Medical and mental health staff have had no reports of sexual abuse from offenders in the past 12 months.

b) This same policy states, "Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions." (Page 6)

All staff interviewed state "confidentiality" and "zero-tolerance" are stressed during training.

Based on the evidence provided through policy, staff interviews, and documentation review, JCCC is found to have met the standard for staff and agency reporting duties.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC policy D1-813 states, "When an offender is believed to be in substantial risk of victimization, the shift commander shall assess the offender to ensure housing in the least restrictive housing. "If TASC is determined to be the least restrictive housing the shift commander shall note on the TASC order the offender is being placed in segregated housing due to a PREA risk. The offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units." (Page 17)

The Warden states she expects her staff to follow up with the inmate and make sure they are safe. She also expects them to notify their supervisor immediately."

All staff interviewed reported they would notify their supervisor immediately if they learned of an inmate who may be in imminent danger. They also reported they would also pull that inmate aside and separate them from the other inmates to ensure their safety while notifying their supervisor.

Based on the evidence provided through policy, staff interviews, and documentation review, JCCC is found to have met the standard for agency protection duties.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.1 states, "Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Page 9)

JCCC received four reports of sexual abuse from another confinement facility. The Auditor reviewed documentation and found the coordinated response was initiated in a timely manner in all instances. The allegations were also referred for investigation.

JCCC has not received any incidents requiring notifications to an outside agency in the past 12 months.

The Warden reports that when JCCC receives information that an offender has been sexually abused while assigned at another department facility, they follow policy and initiate the coordinated response. The Warden also says JCCC gathers the necessary information and send it out for investigation.

Based on the evidence provided through policy, staff interviews, and documentation review, JCCC is found to have met the standard for reporting to other confinement facilities.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) MDOC policy D1-8.13 outlines staff first responder requirements. The policy states, “3. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. If the allegation is reported directly to a facility administrator, the administrator can initiate the coordinated response to ensure confidentiality utilizing the notification checklist. In the event of an allegation of a penetration act, the first responder shall take the following steps. (1) Ensure the safety of the victim. (2) Request the victim not to take any actions that may destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable. (3) To the extent possible, ensure the alleged perpetrator does not take any actions that could destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The shift commander or shift supervisor shall make telephone notifications and respond as outlined in the division's coordinated response to offender sexual abuse protocol. In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol.” (Pages 15 -16)

JCCC requires staff, volunteers, and contractors to follow the same protocol. Every person who has contact with inmates are issued a “First Responder Card” which outlines the protocol everyone must follow.

In the past twelve months there has been no non-security staff who have acted as first responder.

All staff interviewed were able to articulate the facilities requirements as a first responder. Most staff showed the Auditor their card.

All volunteers interviewed supported the practice of first responder duties as outlined in MDOC policy.

Based on the evidence provided through policy, staff interviews, and documentation review, JCCC is found to have exceeded the standard for use of risk screening information.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) JCCC has formalized Coordinated Response plan in place for staff, volunteers and contractors. This plan echoes the requirements found in MDOC policy D1-8.13.

The Auditor reviewed three closed PREA investigations and found the coordinated response had been initiated in each one according to policy and this standard.

All staff interviewed were able to explain the coordinated response to the Auditor.

Based on the evidence provided through policy, staff interviews, and documentation review, JCCC is found to have met the standard for coordinated response.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) The Department of Corrections Division of Adult Institutions and the Missouri Corrections Officers Association (MOCOA) Corrections I and II Bargaining Unit have entered into an agreement that permits the agency to remove alleged staff sexual abusers from contact with any inmates pending an investigation or a determination of whether and to what extent discipline is warranted.

This agreement ended in 2018, however, MDOC is currently working with MOCOA to renew the agreement. While this is pending, MDOC is honoring the 2018 agreement.

Based on the evidence provided through policy, staff interviews, and documentation review, JCCC is found to have met the standard for the preservation of ability to protect inmates from contact with abusers.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
☐ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 establishes procedures for monitoring retaliation. This policy states, "The PREA site coordinator shall ensure all victims and reporters and those that cooperate with offender sexual abuse and harassment investigations or inquiries are monitored and protected from retaliation." (Page 14)

b, c, d, e, f) MDOC policy D1-8.13 states, "Following any reported incident of sexual abuse or harassment, monitoring for retaliation shall be conducted in the following manner: The alleged victim of offender sexual abuse shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation. Monitoring shall include face-to-face status checks by a staff members a minimum of every 30 days. The assessment-retaliation status checklist form shall be used during each of the assessment interviews. If the victim expresses fear of retaliation, monitoring shall continue for an additional 90 day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded. The PREA site coordinator or designee shall ensure individuals receive an initial assessment utilizing the assessment-retaliation status checklist form when they report and cooperate with offender sexual abuse or sexual harassment investigations or inquiries. Reporters or witnesses who voice they have no concerns regarding potential retaliation shall not receive further monitoring. Reporters and witnesses shall sign the assessment-retaliation status checklist form showing they have no concerns regarding potential retaliation. The PREA site coordinator shall report all evidence of retaliation to the CAO or designee to ensure an inquiry or investigation is initiated in accordance with department procedures regarding office of professional standards and institutional investigators. If possible retaliation is suggested, the PREA site coordinator shall act promptly to remedy any such retaliation and protect the individual." (Page 14)

This same policy also states, "The PREA site coordinator shall ensure victims, reporters, and witnesses that report a fear of retaliation or possible victims of retaliation be offered emotional support services. Emotional services for offender victims, reporters, or witnesses include but are not limited to a referral to mental health, chaplain, or advocacy when appropriate. Emotional services for staff member reporters or witnesses include but are not limited to, the employee assistance program, peer action and care team referral, and/or chaplain referral. All action taken to remedy retaliation or services offered to the victims or suspected victims shall be noted on the assessment-retaliation status checklist form. In the event that a victim is transferred during a period of monitoring, the PREA site coordinator shall forward the assessment-retaliation status checklist form to the PREA site coordinator in the receiving institution. The PREA site coordinator at the receiving institution shall ensure monitoring continues as outlined in this procedure. The PREA site coordinator shall ensure the completed assessment-retaliation status checklist form is returned to the originating institution to be filed in the PREA incident file for future audits. If released to a community confinement facility monitoring shall continue. If released to a field probation and parole office, monitoring shall stop. In the event the allegations are determined to be unfounded the agency shall terminate monitoring. (Pages 14, 15)

The Site Coordinator is responsible for monitoring retaliation at JCCC.

The Auditor reviewed three retaliation packets and found all monitoring followed MDOC policy and requirements in this standard.

Based on the evidence provided through policy, staff interviews, and documentation review, JCCC is found to have met the standard for monitoring retaliation.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC policy D1-8.13 states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include: Return to assigned housing. Temporary reassignment of staff members. Assignment to another housing unit. Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim). The assessment shall consider the allegation or threat and the safety of the victim and institution." (Page 16)

This same policy continues, "If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody. (Page 17)

JCCC did not have any inmates placed in restrictive housing due to post-allegation protective custody.

The Warden states, "We never force them to go to PC (Protective Custody) We always want the victim to be safe. We use PC as a last resort"

Based on the evidence provided through policy, staff interviews, and documentation review, JCCC is found to have met the standard for post-allegation protective custody.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Unit in the Offender of Professional Standards conducts all offender sexual abuse investigations. Sexual harassment and allegations involving searches are conducted by trained institutional investigators.

a, d, e, f, g, h, j) MDOC policy D1-8.1, Office of Professional Standards, states, "All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. Upon receiving a report of offender sexual abuse, including staff on offender and offender on offender, the CAO or designee shall ensure the allegation is forwarded to the PREA unit within 2 business days of receipt. Allegations involving offender sexual harassment or offender abuse related to pat searches will be addressed as outlined in the institutional investigators procedure. Within 2 business days of receipt, the PREA unit will determine if the allegation meets PREA definitions or if additional information is needed. If additional information is needed the PREA unit will contact the PREA site coordinator to request the additional information. A written report will be created at the conclusion of any inquiry or investigation and a copy will be provided to CAO and division director or designee. Any action taken as a result of an inquiry or investigation shall be reported to the PREA unit within 5 business days of receiving the report. Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Pages 8, 9)

b) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Garrity, sexual abuse evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA: Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor reviewed two investigative files involving SANE, three sexual harassment investigation, one investigation involving the resignation of a staff person, and found they met all requirements of MDOC policy and this standard. All files reviewed followed MDOC policy and met standards.

JCC has had no cases forwarded to the Prosecuting Attorney for criminal charges relating to sexual abuse of an offender.

c) MDOC policy D1-8.8, Evidence Collection, Accountability and Disposal, outlines the agency's requirements in gathering and preserving direct and circumstantial evidence.

The investigator reports they would collect video surveillance, phone calls, logs and interviews as evidence in many cases of sexual harassment. When asked about criminal cases, the Auditor advised in addition to what was already mentioned they would take photographs and collect DNA.

i) MDOC retains all investigative files for 90 years.

Based on the evidence provided through policy, staff interviews, and documentation review, JCCC is found to have met the standard for criminal and administrative investigations.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 defines the Preponderance of Evidence as enough proof to show that something is more likely to have occurred than not to have occurred. This same policy also states, "Administrative investigations shall impose no standard higher than the preponderance of evidence in determining whether an allegation of offender sexual abuse or harassment is substantiated."

The investigator reports they use the preponderance of evidence (51%) to determine proof.

Based on the evidence provided through policy, staff interviews, and documentation review, JCCC is found to have met the standard for evidentiary standard for administrative investigations.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA manager shall make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification form or the alleged sexual abuse by staff member notification form. Notification shall not be made to the offender following an investigation or inquiry regarding sexual harassment." (Pages 20, 21)

The investigator reports notification is made to all inmates in the case of sexual abuse. They advise if the inmate leaves the facility the attempt at notification is still made.

The Auditor reviewed four closed investigations and found notification were made according to policy and this standard.

b) NA MDOC/JCCC is responsible for conducting administrative and criminal investigations.

c) This same policy states, "All subsequent notifications shall be made when: Staff member on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs (unless the inquiry or investigation is unfounded): The staff member perpetrator is no longer assigned to the housing unit. The staff member perpetrator is no longer employed by the department. The staff member perpetrator has been indicted on a charge related to sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution." (Page 21)

JCCC had no inmates who reported sexual abuse onsite to interview during this portion of the audit who allege a Staff person is the perpetrator.

d) This policy also states, "Offender on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs. The offender has been indicted on a charge related to sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution." (Page 21)

The Auditor interviewed two inmates who reported sexual abuse from another offender onsite to interview during this portion of the audit. Both report they remember being notified of the outcome of their case.

e, f) MDOC D1-8.13 states, "The departmental PREA manager shall forward the written notification to the offender via the PREA site coordinator. The PREA site coordinator shall ensure that the written notification is provided to the offender in a confidential manner. The original notification shall be signed by the offender and witnessed by a staff member. The offender shall be offered a copy of the letter, but shall have the right to decline the letter. The original notification shall be forwarded to the department's PREA manager for tracking. In the event the offender has been released from custody and is not being housed in the community release center or the community supervision center and the duty to report ends." (Page 21)

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, JCCC is found to have met the standard for reporting to inmates.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and

circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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JCCC has had one instance where a staff member resigned as a result of an investigation of sexual abuse.

a, b, c, d) MDOC policy D2-9.1 Employee Discipline, dated May 1, 2019, outlines MDOC disciplinary process for all employees.

MDOC policy D1-8.13 states, "Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures. Termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All terminations for violations or the resignation of a staff member, who would have been terminated if not for their resignation, shall be reported to relevant licensing or accreditation bodies and law enforcement." (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, JCCC is found to have met the standard for disciplinary sanctions for staff.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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JCCC has had one instance where a contract worker was terminated as a result of an investigation of sexual abuse.

MDOC policy D1.8.13 states, "Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law enforcement. The CAO or designee of the department facility or contracted facility shall take appropriate measures and consider whether to prohibit further contact with offenders in the case of any other violations." (Page 24)

The Warden states, "We would restrict them from the institution while being investigated. Volunteers are treated like staff. We also notify their employers if they are contractors."

Based on the evidence provided through policy, staff interviews, and documentation review, JCCC is found to have met the standard for corrective action for volunteer and contractors.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☐ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☐ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC policy D1-8.13 states, "Offenders shall be subject to disciplinary sanctions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt when the offender engaged in offender on offender sexual abuse in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

b) This same policy states, "Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

The Warden states, "They will be punished."

c) This policy states, "The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

d) MDOC policy states, "Is found guilty of sexual abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff members, as available, in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

Interviews with health services reveals referrals are being made by staff when it comes to sexual abuse.

e) This same policy states, "An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 24)

f) All staff interviewed report they received information in training regarding good faith reports. They advised training covered inmates being free from punishment for making a report of sexual abuse or sexual harassment.

g) MDOC policy states, "The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders shall not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, JCCC is found to have met the standard for disciplinary sanctions for inmates.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
☒ Yes ☐ No ☐ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

JCCC has not had any instances where prior sexual abuse that occurred outside of a correctional facility was reported to the authorities during this reporting period

a, b, c, d, e) MDOC policy IS11-32, Receiving Screening – Intake Center, dated December 10, 2016 states, "If the screening identifies a need for immediate mental health intervention, a call will be made by the staff person identifying the need to the QMHP and follow up with a completed referral and screening note-health services form. If during the screening, the offender reports being sexually abused within the last 72 hours or if a forensic exam is deemed medically necessary, the coordinated response to offender sexual abuse will be initiated in accordance with departmental procedures regarding offender sexual abuse and harassment. If the screening indicates the offender has experienced prior sexual victimization whether in the community or in a correctional setting and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated and the offender will be offered a meeting with a mental health practitioner within 14 days of the intake screening. If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a meeting with a QMHP within 14 days of the intake screening." (Page 3)

The Auditor interviewed three inmates who reported sexual abuse during the AIRA. They all advised they were offered mental health services immediately following the assessment.

Staff who conduct AIRA report there are certain questions that will trigger a mental health referral. They all report mental health is quick to respond.

Auditor reviewed five completed AIRA's. Based on the requirements listed in the PREA Risk Assessment Manual, mental health referrals are required. Auditor reviewed documentation showing referrals were made to mental health.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, JCCC is found to have met the standard for medical and mental health screenings; history of sexual abuse

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by

medical and mental health practitioners according to their professional judgment?

☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment." (Page 17)

Health services report medical services are provided as soon as they are notified.

b) Medical and mental staff are available 24 hours a day, seven days a week to inmates of JCCC.

This same MDOC policy states, “If no qualified medical or mental health practitioners are on duty at the time a report of a penetration event that occurred within 120 hours within a correctional facility, or 92 hours within a community confinement facility, custody staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.” (Page 17)

c) This same policy states, “Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate.” (Page 18)

Health services advise they will follow any treatment plans coming out of the SANE exam and will even develop treatment plans that will follow the inmate upon transfer to another facility.

d) All medical and mental health services are offered at no cost to the inmate or perpetrator of sexual abuse as done per policy in MDOC D1-8.13.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, JCCC is found to have met the standard for access to emergency medical and mental health services.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor reviewed three referrals to medical and mental health. All referrals were done according to policy and to this standard.

a, f) JCCC offers medical and mental health services and treatment to all inmates who have been victims of sexual abuse. This offered onsite 24 hours a day, seven days a week.

MDOC policy D1-8.13 states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate." (Page 17)

b, h) JCCC offers follow up medical and mental health services as needed to all inmates who have been victims of sexual abuse.

MDOC policy D1-8.13 states, "Each victim and abuser shall be offered medical and mental health evaluations, and as appropriate, treatment to include appropriate follow-up services and treatment plans. When necessary, referrals shall be completed for continued care following their transfer to, or placement in, other facilities or their release from custody." (Page 17)

Health services report that while they have specific protocols they must follow, they are allowed to use some judgement when treating victims of sexual abuse.

c) JCCC offers medical and mental health services consistent with community level of care.

This same policy also states, "Victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services." (Page 17)

Health services staff believe their level of care exceeds what is provided in the community due to the immediate response of their department.

d, e) NA JCCC is an all-male facility.

g) All medical and mental health services are offered at no cost to the inmate or perpetrator of sexual abuse per MDOC policy D1-8.13.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, JCCC is found to have met the standard for ongoing medical and mental health care for sexual abuse victims and abusers.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?
☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

JCCC had one substantiated sexual abuse investigation during this reporting period.

a, b, c, d, e) MDOC policy D1-8.13 states, "Each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded. Debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry. The review team for offender sexual abuse events shall include the PREA site coordinator, and other upper level administrators, when applicable, with input from the shift supervisor, investigators, and medical or mental health practitioners, when applicable. A complete written report shall be prepared by the CAO or designee outlining in detail the findings of the debriefing sessions and recommendations for improvements utilizing the PREA sexual abuse debriefing form. The facility shall implement the recommendations for improvement, or shall document its reasons why recommendations shall not be implemented. A copy of the debriefing shall be submitted electronically to the assistant director and the PREA manager. A copy of the report shall be filed in the institutional PREA event file." (Page 20)

The PREA Site Coordinator states, "We have no debriefings which include recommendations,"

The Auditor reviewed five debriefings and found all were conducted per MDOC policy and meets the requirements of this standard.

Based on the evidence provided through policy, staff interviews, and documentation review, JCCC is found to have met the standard for sexual abuse incident reviews.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☐ Yes ☐ No ☒ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC policy D1-8.13 states, "Annual Site Report: Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA manager by the last working day in March. The report shall include: identified problem areas, recommendations for improvement, corrective action taken, if recommendations for improvements were not implemented, reasons for not doing so, a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse, an evaluation of the need for camera and monitoring systems, in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to: the staffing plan, the deployment of video monitors, and the resource availability to adhere to the staffing plan. The yearly report shall be submitted to the division director and the department PREA manager no later than the last working day in March. The PREA manager shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 24, 25)

e) NA Neither MDOC nor JCCC contracts for placement of inmates in their custody.

f) NA DOJ has not requested agency data.

The PREA Statewide Coordinator states, "Historically, the data needed to complete the annual Survey of Sexual Violence was collected in the Corrections Information Network [COIN] system. Beginning in January 2019, the Department deployed our new database for investigations, the Investigative Report Intelligence System [IRIS] which is now the Department's data collection system for all investigations conducted within the Department."

The Auditor reviewed the 2016, 2017 MDOC PREA Annual Reports and the 2017 Survey of Sexual Victimization. In addition, the Auditor was provided copies of JCCC's 2016, 2017 and 2018 PREA Annual Report.

Based on the evidence provided through policy, staff interviews, and documentation review, JCCC is found to have met the standard for data collection.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC policy D1-8.13 states, "The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

The Auditor reviewed the 2016, 2017 MDOC PREA Annual Reports and the 2017 Survey of Sexual Victimization. In addition, the Auditor was provided copies of JCCC's 2016, 2017 and 2018 PREA Annual Report.

The PREA Site Coordinator reports, "Historically, the data needed to complete the annual Survey of Sexual Violence was collected in the Corrections Information Network [COIN] system. Beginning in January 2019, the Department deployed our new database for investigations, the Investigative Report Intelligence System [IRIS] which is now the Department's data collection system for all investigations conducted within the Department."

Based on the evidence provided through policy, staff interviews, and documentation review, JCCC is found to have met the standard for data review for corrective action.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) The Site Coordinator keeps all investigations, data tracking forms, monthly statistic reports secured in a locked file cabinet.

b) MDOC policy D1-8.13 states, "The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

Auditor reviewed the MDOC 2015, 2016 and 2017 PREA Annual Reports. These reports contained information on the progress the department made in the previous years in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

c) This same policy states, "The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and

security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited.” (Page 25)

d) According the Agency Records Disposition Schedule (Inspector General Section) , this information is retained for five years, and then it is destroyed.

Based on the evidence provided through policy, staff interviews, and documentation review, JCCC is found to have met the standard for data storage, publication, and destruction.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) During the prior three-year audit period, MDOC ensured each of their facilities was audited at least once.
- b) This is the second year of the current audit cycle, MDOC ensured at least one-third of their facilities was audited during the first year of the current audit cycle.
- h) The auditor had access to, and the ability to observe, all areas of JCCC.
- i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information) needed to complete the audit.
- m) The Auditor permitted to conduct private interviews with inmates and staff.
- n) Inmates permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. The Auditor received three letters from JCCC inmates.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, JCCC is found to have met the standard for frequency and scope of audit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

It's clear that JCCC believes that incarcerated individuals have the right to be free from sexual abuse and sexual harassment. This zero-tolerance culture is evident in the policies of the agency, the actions of JCCC leadership as well as the knowledge the staff demonstrated of PREA. JCCC leadership was quick respond when it came to the cross-gender viewing of the toilets in the segregation and crises level units. They were very open with the Auditor and wanted the Auditor's input. Staff was able to articulate the agencies coordinated response to sexual abuse and harassment.

The overall theme of the interviews with inmates included feeling safe at the facility and the belief that staff takes reports of sexual abuse seriously. The inmates were able to explain how to report incidents of sexual abuse and harassment and were able to discuss how they were exposed to PREA education upon intake. While some stated they could not remember the PREA video in its entirety, they did remember viewing it. All inmates reported they knew that opposite gender staff announced themselves at the beginning of each shift. Several inmate interviews indicated that once a PREA allegation was made, the victim was immediately placed in segregation. The Auditor reviewed additional random files while on site which are maintained by the Site Coordinator and found that this was not the practice of JCCC.

Staff knew their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff was able to articulate the coordinated response to sexual abuse and harassment. They knew to separate the victim from the alleged perpetrator, secure the scene and to contact their supervisor. They stated that all reports would be documented by the end of shift. They also stated that if they received knowledge of someone being in imminent danger they would immediately secure the safety of that individual. It is clear that there is a zero –tolerance culture at JCCC.

Interviews with specialized staff were completed and the results were positive and supported the zero-tolerance culture. Each knew their role and responsibilities as it pertains to PREA compliance and documentation. They articulated the coordinated response and the expectations that staff would follow all policies. Administrative staff was very open to any suggestions the Auditor presented during the tour and the exit meeting.

Documentation provided in the pre-audit questionnaire was well organized and easy to read. JCCC was found to be in compliance with all PREA standards and was determined to have exceeded two of them.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

/s/ Elisabeth M. Copeland

January 27, 2020

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report August 28, 2020

Auditor Information

Name: Elisabeth Copeland	Email: lisa@preaauditing.com
Company Name: PREA Auditors of America, LLC	
Mailing Address: 14506 Lakeside View Way	City, State, Zip: Cypress, TX 77429
Telephone: 713-818-9098	Date of Facility Visit: July 13 – 15, 2020

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Missouri Department of Corrections		State of Missouri	
Physical Address: 2729 Plaza Drive		City, State, Zip: Jefferson City, MO 65102	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: http://docintranet.ads.state.mo.us/Division/OD/PREA.htm			

Agency Chief Executive Officer

Name: Anne Precythe	
Email: Anne.Precythe@doc.mo.gov	Telephone: 573-526-6607

Agency-Wide PREA Coordinator

Name: Vevia Sturm	
Email: Vevia.Sturm@doc.mo.gov	Telephone: 573-522-3335
PREA Coordinator Reports to: Matt Briesacher, Office of Professional Standards	Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility: Missouri Eastern Correctional Center

Physical Address: 18701 Old Hwy 66

City, State, Zip: Pacific, MO 63069

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☒ State

☐ Federal

Facility Type:

☒ Prison

☐ Jail

Facility Website with PREA Information: <http://docintranet.ads.state.mo.us/Division/OD/PREA.htm>

Has the facility been accredited within the past 3 years? ☐ Yes ☐ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐ ACA

☒ NCCHC

☐ CALEA

☐ Other (please name or describe: Click or tap here to enter text.

☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
No

Warden/Jail Administrator/Sheriff/Director

Name: Richard Adams

Email: Richard.Adams@doc.mo.gov

Telephone: (636) 257-3322

Facility PREA Compliance Manager

Name: Denise Weaver

Email: Denise.Weaver@doc.mo.gov

Telephone: (636) 257-3322, ext. 1471

Facility Health Service Administrator ☐ N/A

Name: Jane Wheeler

Email: Jane.Wheeler@doc.mo.gov

Telephone: (636) 257-3322, ext 1495

Facility Characteristics		
Designated Facility Capacity:	1100	
Current Population of Facility:	1000	
Average daily population for the past 12 months:	1069	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18 to 88	
Average length of stay or time under supervision:	8 – 12 years	
Facility security levels/inmate custody levels:	Minimum/Medium	
Number of inmates admitted to facility during the past 12 months:	60	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	60	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	60	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	293	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	138
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	3
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	65
Physical Plant	
Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	7
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	5
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	5
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	56
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams		
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)	
Investigations		
Criminal Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	10	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	
Administrative Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	10 Agency, 1 facility	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

PRE-AUDIT

A Notice of PREA Audit was sent to Missouri Eastern Correctional Center (MECC) on June 14, 2020 via the Missouri Department of Corrections Statewide PREA Coordinator, Vevia Sturm. Notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditor and advised staff and offenders that the onsite portion of the PREA audit will be conducted on July 13 -15, 2020.

On June 15, 2020, this Auditor received a flash drive containing MECC's Pre-Audit Questionnaire. The flash drive contained department and agency policies, curriculum and other supporting documentation. The files were divided up by standard and were easy to read and navigate.

The Auditor reviewed the provided documentation and began completing the Auditor's Compliance Tool to determine a baseline for compliance and to formulate questions for the onsite portion of the audit.

On July 10, 2020, a tentative agenda for the PREA audit was sent the Statewide PREA Coordinator for MDOC to be distributed to the facility. This agenda outlined the when the auditing would be on site, the types of staff and inmates that would be interviewed and when the audit would conclude. The agenda also outlined which specialized staff would be interviewed as well as which specialized inmate populations would be interviewed.

ONSITE

The Auditor was greeted and given a history and the layout of the facility by Deputy Warden (Site Coordinator) Denise Weaver as well as other Executive Team members. After the initial meeting, a detailed tour was provided to the Auditor.

Site Coordinator Denise Weaver lead the onsite tour. The tour began with the housing units. The Auditor viewed camera placements, showers/restrooms and observed cross-gendered announcements being made to offenders. PREA reporting information was clearly marked on bulletin boards in each living unit. In all housing units' toilets and shower stalls all had appropriate coverings. The "Notice of PREA Audit" was also clearly visible throughout the tour.

In addition to the living units, intake, medical area, outside recreation, inside recreation, dining areas, library, programs, and control posts were also toured. PREA reporting information in English and Spanish were found on every bulletin board and were clearly marked.

Immediately after the tour, the Site Coordinator provided the Auditor with staff rosters from all three shifts and provided a list of specialized staff. The Auditor then randomly selected from each shift, as well as established times to interview specialize staff.

The Site Coordinator provided the auditor with housing unit rosters. In reviewing the housing rosters the auditor randomly selected up to eight inmates from each housing unit for random inmate interviews and selected inmates for the targeted protocols. Based on the available inmate population, inmates were selected for the following targeted protocols: Inmates who are blind/deaf, Inmates who identify as Gay or Bisexual, Inmates who identify as Transgender, and Inmates who Reported Sexual. A total of 44 inmates to be interviewed. MECC provided confidential locations in the training center for the auditing team to interview inmates.

MECC provided appropriate accommodations for the Auditor to conduct inmate and staff interviews. The auditor was given access to staff files, inmate files and any documentation that was requested. Facility staff was great to work with and were very accommodating. The Site Coordinator and Warden were readily available to answer any questions and assist in any way. Staff at MECC was extremely helpful and polite throughout the entire process and escorted the Auditor throughout the facility.

Auditors interviewed a total of 40 inmates that had various lengths of stay. In addition, the Auditor interviewed a total of 31 staff to include the Warden, Medical and Mental Health Staff, Human Resources staff, Grievance Officer, Upper Level Supervisors, Intake Staff, Staff who Perform Risk Screening, Volunteers, staff who Monitor Retaliation, members of the Debrief Team, Investigators, as well as random staff from all shifts.

Prior to the exit interview, the Auditor reviewed onsite documentation. There was an exit interview conducted at the end of the site visit.

POST AUDIT

After the onsite portion of the PREA audit, this Auditor reviewed the notes from the tour; all interviews conducted and did another review of the supporting documentation. Work on the final audit report began.

On August 28, 2020, the PREA audit report was submitted to the PREA Resource Center and a copy was sent to MDOC's statewide PREA coordinator.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Missouri Eastern Correctional Center (MECC) is in Pacific, Missouri. MECC consists of seven (7) buildings. Inmate housing, which consists of five (5) housing units, 2-man cells and 56 segregation cells. MECC does not have any housing units designed as an open dorm style setting.

MECC receives offenders sentenced to the Missouri Department Corrections. MECC also houses probation/parole returns as well as those offenders sentenced to treatment.

The current population at MECC is 1,000 adult male offenders. During the past 12 months 60 offenders have been admitted to this facility. Of this number, 60 admitted had a length of stay longer than thirty days. The average age of the current offender populations is 8 -12 years with custody level being minimum and medium.

MECC has 293 custody staff positions who have contact with the offender population. Of this number, 199 custody positions are filled. This staff is responsible for the security of all buildings located at MECC. In addition to its 199-custody staff, MECC also has 65 volunteers and individual contractors who are currently authorized to enter the facility. There are 10 investigators across the State of Missouri with one facility investigator at MECC.

MECC is located within a secure perimeter. The facility has the official capacity to house 1,100 offenders.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded:

Standards Met

Number of Standards Met: 44

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: NA

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019 outlines the agencies approach to preventing, detecting and responding to sexual abuse and sexual harassment of individuals confined at all of its' facilities. This same policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment. This mandate can be found on page 5 of this policy. It states, "All department staff members, contractors, or volunteers shall not engage in abuse or sexual harassment of an offender which includes sexual contact with or without the offender's consent. The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation. Staff members shall communicate professionally with all offenders, including gender non-conforming offenders in accordance with institutional services procedures regarding transgender and intersex offenders. Offender sexual abuse by a department staff member is a felony and could result in the requirement to register as a sex offender."

The MDOC Employee Handbook states, "When any employee of the Department has reason to believe that an offender has been abused, the employee must immediately report all pertinent details in writing to the Department Director. Failure to report offender abuse is a class A misdemeanor.

A Department employee who works at a correctional center commits the crime of sexual contact with an offender by having sexual intercourse or deviate sexual intercourse with an offender confined in a correctional center. A probation and parole officer commits the crime of sexual contact with an offender if the officer has sexual intercourse or deviate sexual intercourse with an offender who is under the supervision of the officer. (Deviate sexual intercourse is a very broad term that is not limited to intercourse; it includes other forms of physical contact of a sexual nature.) The offender's consent is not a defense to this crime. Sexual contact with an offender is a class D felony, which carries a maximum sentence of incarceration for four years." (Page 20)

This same policy also provides definitions of prohibited behavior regarding sexual abuse and sexual harassment on pages 2 and 3 under "Definitions" in Section II.

(b) Policy D1-8.13 also designates an upper-level, agency wide PREA Coordinator. Page 5 of this policy states, "To ensure compliance with the Prison Rape Elimination Act (PREA), the department shall employ a full-time PREA manager responsible for implementation and oversight of the department's efforts to prevent, detect, and respond to offender sexual abuse, harassment, and retaliation." The agency wide PREA Coordinator is located in MDOC's Central Office in Jefferson City and reports directly to the Office of Professional Standards, which in turn, reports to the Director of MDOC. The Auditor was provided a copy of MDOC's organizational chart outlining this chain of command.

While the agency wide PREA Coordinator does not directly supervise the 21 PREA Site Coordinators (one PREA Site Coordinator per adult state institutions in Missouri) the agency wide PREA Coordinator communicates regularly with Site Coordinators via meetings and email.

(c) MECC has a designated PREA Site Coordinator as mandated by MDOC policy D1-8.13. Page 5 of this policy states, "Each facility and community confinement facility shall designate a PREA site coordinator who has sufficient time and authority to ensure the facility's compliance with the PREA standards at their assigned facility. The director of the division of adult institutions shall designate a PREA site coordinator at each facility at the level of deputy warden. The division director of the board of probation and parole shall designate a PREA site coordinator at each facility at the level of unit supervisor or higher."

MECC's PREA Site Coordinator is also the Deputy Warden of Offender Management and reports directly to MECC's Warden. The Auditor was provided a copy of MECC's organizational chart outlining this chain of command.

MECC's PREA Site Coordinator reports she has enough time to manage her PREA related responsibilities in addition to her responsibilities as Deputy Warden. She stated, "We start out with training. Good training is a must and a good foundation. We now have a very well-oiled tracking system in place. All shift commanders have experienced an event and we have learned from mistakes in the past. Now we have few."

Staff reported the MECC takes zero-tolerance seriously. Each staff person interviewed knew their roles in responding, preventing and detecting sexual abuse. Inmates interviewed reported PREA information is "everywhere, if you want to know about it."

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, MECC is found to have met the standard for zero-tolerance.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MECC does not contract with other agencies/facilities to house inmates assigned to MECC. This was confirmed through interviews with administrative staff and documentation review.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☐ Yes ☐ No ☒ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the

staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(c) MDOC policy D1-8.3, Offender Sexual Abuse and Harassment, dated June 14, 2019 states, "The department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The staffing plan shall consider the facility's physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the composition of the offender population, and the prevalence of substantiated and unsubstantiated offender sexual abuse allegations. Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted." (page 6)

MECC's staffing plan is predicated on the average daily population (ADP) of 1,069, which is slightly below the design capacity of the facility of 1,100. MECC's current population is 1,000.

MDOC Central Office is responsible for determining the allotted staffing numbers at each MDOC facility. Each facility has the authority to utilize the assigned staffing numbers as they see fit. Central Office does take into consideration generally accepted detention and correctional practices, judicial findings of inadequacy, findings of inadequacy from federal investigative agencies, internal and external oversight bodies, physical plant layout, composition of inmate population, placement of supervisory staff, institutional programs, applicable state and local laws, regulations or standards, and the prevalence of substantiated and unsubstantiated incidents of sexual abuse.

The Site Coordinator stated, "Custody staffing primarily broken down to three (3) primary shifts: 1st (12:00am – 8:00am); 2nd (8:00am – 4:00pm); and 3rd (4:00pm – 12:00am). Additional post assignments have been established at varying intervals/durations to meet the operational needs of the facility and thereby meeting the continuity coverage which maintains safety and security. There are currently 239 custody staff positions assigned to MECC. As of 6/1/2020 there are 199 custody staff employed at this correctional facility. As new custody staff become employed and complete Basic training at the regional training academy they will return to the institution for placement in current vacant positions."

PREA Site Coordinator reported MECC conducts camera reviews once a year to determine where staff are needed. She advised MECC tracks where incidents happen, review shift summary reports and population in all housing units. This information is provided to the PREA Coordinator through an annual report titled, "The PREA Staffing and Yearly Reporting Implementation Team." The Auditor was provided a copy of 2020 report filed by MECC showing compliance with the staffing plan.

The Auditor reviewed the 2016, 2017, and 2018 PREA Annual Report filed by MDOC. These reports cover all sexual abuse and sexual harassment allegations filed in that calendar year by each agencies, camera monitoring reviews, staffing plan compliance, and any correction action by each facility made to maintain compliance with the PREA standards. The Auditor also reviewed MECC's 2020 Annual Report. This report will be included in MDOC's Annual Report.

While camera and video monitoring are included in MECC's PREA Annual Reports, MECC does file a separate annual report specifically for this topic.

(b) There have been several deviations from MECC's staffing plan in the past 12 months. This involved closing the warehouse and clothing units to moved staff elsewhere within the facility.

(d) MECC requires intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment of inmates.

MDOC policy D1-8.13 states, "Each institution shall ensure the classifications of lieutenant or above conduct and document unscheduled and unannounced rounds to identify and deter offender sexual abuse and sexual harassment. Each facility shall ensure that rounds occur periodically in all areas of the facility. Staff members shall be prohibited from alerting other staff members that these rounds are occurring. The rounds shall be documented and readily accessible during audits as outlined in the facility's standard operating procedure." (page 6)

Language requiring unannounced rounds also appears in MECC's post orders for Shift Supervisors.

The Auditor interviewed two upper-level supervisors. Each supervisor report they are required to check each area of the facility at least once a month. They report their checks are documented on a spreadsheet with the date, time and their signature, when a check is completed. They also advise they sign into each housing unit when conducting these announced rounds.

The Auditor reviewed random housing units sign in sheets from each housing unit. Unannounced rounds are being conducted on every shift in every housing unit.

Each supervisor reports they have not had an incident where staff were alerted at other housing units when these rounds were conducted. One supervisor stated, "There is no way to prevent it. However, we are out and about enough that it is not uncommon for us to show up anywhere at any time."

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, MECC is found to have met the standard for supervision and monitoring.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MECC does not house youthful inmates. This was confirmed through interviews with administrative and frontline staff, as well as, through the tour of the facility and documentation review.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? ☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
☐ Yes ☐ No ☒ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(c) MECC does not allow cross-gender strip searches or cross-gender visual body cavity searches of inmates.

MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019, states, "Cross-gender strip searches are not allowed except in exigent circumstances. All cross-gender strip searches shall be documented as outlined in the institutional services and probation and parole procedures regarding searches." (Page 12)

MDOC policy IS20-1.3, Searches, dated November 2, 2019 also states, "Strip searches shall be conducted by staff members of the same gender as the subject of the search, except in exigent circumstances. Exigent circumstances include: time delaying a search could allow for the destruction of evidence; escape of an offender; endangerment of life, health or property of staff members, offenders, or the public; and emergency movement situations (i.e. crime scene where evacuation of offenders needs to occur immediately and/or a check for weapons. Upon request, offenders who identify as transgender or intersex, will be provided privacy from other offenders when being strip searched. Staff members shall document a cross gender strip search on the cross-gender search form. The shift supervisor shall make all applicable notifications in accordance with standard operating procedures and forward the cross-gender search form to the PREA site coordinator and include a copy to the use of force packet if applicable. The PREA site coordinator shall review the cross-gender search form. If it is determined the search was conducted under non-exigent circumstances, it shall be referred for review and action as deemed appropriate. The PREA site coordinator shall maintain the cross-gender search form and supporting documents for tracking purposes." (Pages 6 -7)

MECC reports there have been no incidents of cross-gender strip searches or cross-gender visual body cavity searches of inmates since their last PREA audit in 2017. There have been no incidents where medical staff have conducted such searches.

Interviews with inmates confirm this practice.

(b) N/A MECC is a male only facility.

(d) MDOC/MECC has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their buttocks and genitals.

MDOC policy D1-8.13 states, "Offenders shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff members of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks in accordance with, institutional services, and probation and parole procedures regarding searches." (Page 12)

The Auditor reviewed random housing unit logs from each unit and found cross gender announcements are being completed on each shift. These announcements are documented as "PREA Announcements" on the log. The date and time the announcement is made is listed as well as the initial of the officer who made the announcement.

While touring MECC the Auditor heard a cross gender announcement or saw a blue sign in the control window announcing female staff are on duty.

Most inmates interviewed reported they either heard the PREA announcement in the morning or saw the blue sign in the control window.

While observing the shower and restroom areas in the housing units, the Auditor found the following:

- In Housing Unit 5 (Segregation Unit), is attached to the Medical Unit by a secured door. This housing unit contains four wings consisting of double man cells. Each cell contains a toilet located in the front corner. Showers are in the hall near the officer station. They have a mesh wire door with a metal plate covering the chest and genital area. The Close Observation wing has cameras inside the cell. The camera footage can be viewed by both male and female officers. The Auditor viewed the camera angles and found the area around the toilet was blurred out. Staff cannot view the inmate while they perform bodily functions.
- In Housing Units 1, 2, 3 and 4 are all designed in the same format. This housing unit contains four wings consisting of double man cells and two officer stations. The shower and restroom area are located near the front of the wing. Showers and toilets are not viewable by the day room. This area also contains a camera for security purposes. It should be noted each shower area has one stall with a swinging metal half door. This stall is designated for transgender inmates housed in the wing or for any inmate that prefers the additional privacy. The Auditor viewed the camera footage and found the camera is focused on the sinks and not the toilets or showers.

Restrooms located in Laundry, Chapel, Education, Maintenance, Recreation, Drug Testing and Food Service are designed for one inmate at a time. Each area has privacy for the inmate while allowing staff to ensure safety.

Staff report there is never a time where male inmates will be unclothed in front of non-medical female staff.

(e) MDOC policy D1-8.13 states, "Staff members shall not perform strip or pat-down searches or conduct a physical examination for the sole purpose of determining an offender's genital status in accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center." (page 13)

This same language is also found in IS20-1.3, Searches, dated November 3, 2019.

MDOC policy D1-8.13 states, "If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status.

Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members." (Page 9)

MDOC policy IS11-34.1, Health Assessment and/or Physical Examinations at Reception, dated June 18, 2018, also states, "The facility will not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by the responsible physician." (Page 4)

All staff interviewed reported searching an inmate solely for the purpose of determining genitalia was strictly forbidden.

During the onsite portion of this audit, there were no transgender or intersex inmates at the facility. This information was confirmed through interviews with medical staff, random staff and inmates.

(f) MDOC policy D1-8.13 states, "Staff members shall be trained in how to conduct cross gender pat down searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible as consistent with security needs." (Page 13)

MECC reports 100% of staff have received cross-gender and transgender pat down search training.

Staff interviewed report they received this training while at the academy.

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, MECC is found to have met the standard for cross-gender viewing and searches.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders." (Page 10)

This same policy also states, "To notify hearing impaired offenders of cross gender staff in the housing unit, all housing units should display a sign indicating when a cross gender staff member is present." (Page 12)

On the days of the onsite portion of this audit, the Auditor interviewed one inmate who was visually impaired and one inmate who was hearing impaired. Both inmates reported they have the ability to communicate with staff and with family and friends on the outside. Both inmates also reported they know how to report sexual abuse and sexual harassment.

MECC reported there were no inmates with physical or cognitive disabilities. This was confirmed through interviews with random MECC staff and random inmate interviews.

During the tour of MECC, signs were posted throughout the facility providing inmates who are hard of hearing or deaf, instructions on how to dial the TTY (Text Phone or Teletypewriter) phone system.

MDOC also has in place multiple contracts with Missouri agencies for Sign Language Interpretation Services. These agencies include: Access Interpreters LLC, ASL Communication Services Inc., Associates in Sign Language LLC, Columbia Interpreting Services, Deaf Empowerment Awareness Foundation, Deaf Inter-Link Inc., Global Village Language Center, International Language Center, Interpretex, Interpreters Unlimited, MT & Associates LLC, and TLC Interpreting Services LLC.

The PREA video showed during orientation is also available in closed caption for hearing impaired inmates.

MECC also has PREA information prepared in braille for any inmate who is visually impaired. PREA Acknowledgement forms (acknowledging PREA education) can also be found in large print. The PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in large print.

All staff at MECC have received the training, “Special Needs Offenders,” during basic training. This curriculum teaches staff to compare and contrast individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Staff are also taught how to assess the potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication.

b) MDOC policy D1-8.13 states, “Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment.” (Pages 10- 11).

MECC has PREA Acknowledgement forms (acknowledging PREA education) in the following languages: Chinese (Simplified and Traditional), English, Japanese, Russian, Serbo Croatian, Spanish and Vietnamese. PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in the same languages.

A written transcript of PREA video showed during orientation is also available in English and in Spanish.

During the tour of MECC, the Auditor noted PREA posters announcing zero tolerance and how to report sexual abuse were posted in English and in Spanish.

c) MDOC policy D1-8.13 states, “Offender interpreters shall not be utilized except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender’s safety, the performance of first responder duties, or the investigation.” (Page 15)

All MECC staff interviewed supported this this practice.

Based on the evidence provided through policy, staff and inmate interviews, documentation review and the tour of the facility, MECC is found to have met the standard for working with inmates with disabilities and inmates who are limited English proficient.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? ☒ Yes ☐ No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, f, g) MDOC policy D1-8.13 states, "Department staff members shall not hire or promote any person, employee, or enlist the services of any contractor that may have contact with an offender when it is known that he: has engaged in sexual abuse with an offender in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse." (Page 7)

MDOC application for employment specifically asks these three questions.

b) This same policy also states, "Department staff members shall consider any incidents of sexual harassment in determining whether to hire or promote any person or enlist the services of any contractor who may have contact with offenders in accordance with the department's procedures regarding background investigations, promotional appointments, maintenance of employee records, employee discipline, and labor organizations." (Page 7)

A representative from human resources states, "Yes, we do. All information is given to the Warden for his review and decision."

The MDOC Employee Handbook states, "Employees who are arrested or charged with a criminal offense must immediately notify the chief administrative officer or highest-ranking staff member available. In this context, immediate means as soon as possible but no later than the beginning of the next shift worked by the employee. Employees are required to report arrests and charges for all felonies and any misdemeanor, except a minor traffic violation. Alcohol related charges and driving while license is suspended or revoked are not minor traffic violations, so employees must report those matters. Employees must report any citation or arrest for a traffic violation that occurred while operating a state-owned vehicle. In addition to making an immediate oral report, employees must submit to the chief administrative officer a detailed written account of the incident that led to the employee's arrest or filing of criminal charges. Employees must submit this written account before the end of the next shift worked after being arrested or charged. In the event that an employee is on leave, the employee is required to provide written notification as soon as possible but no later than three days after being arrested or charged. Employees must notify the chief administrative officer in writing about court appearances related to the charges in advance of the court appearance. Employees must promptly provide a written account of the final disposition of the charge. This includes any plea that results in a suspended imposition or execution of sentence." (Page 18)

c, d, e) MDOC policy D1-8.13 states, "Before hiring new employees the human resources staff members or designee shall: perform a criminal background records check; and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the department procedure regarding background investigations." (Page 7)

A representative from human resources states, "Yes, before they come to work. We then do one annually on their birth month. We also do another background check when they get promoted." The representative added, "We use MULES (Missouri Uniform Law Enforcement System, NCIC and CaseNet." CaseNet is computer system used to check local court filings. Any PREA requests for transferring employees go to Jefferson City."

While onsite, the Auditor reviewed 10 employees' files and found criminal background checks have been completed per this standard.

g) The human resource representative states, "Any inquiries about former employees are not handled at the facility level. This is referred to Central Office."

Based on the evidence provided through policy, staff interviews, and documentation, MECC is found to have met the standard for hiring and promotional decisions.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MECC has not modified or expanded its facility or acquired additional buildings since their last PREA audit.

b) MDOC policy D4.4.8, Security Camera Operations, dated November 23, 2019 states, "To assist in the prevention, detection and prosecution of offender sexual abuse and overall security of the facility, the security camera committee will conduct an annual assessment of the entire facility and submit a report to the CAO indicating the status of the camera system and recommend changes and additions. The CAO or designee will maintain a current document reflecting existing video equipment, requests for new purchases, and identified areas needing video surveillance. A copy of this document will be forwarded to the security intelligence unit. When debriefing critical incidents consideration shall be given as to whether security camera equipment or monitoring shall be augmented to supplement supervision by staff members in accordance with department procedures regarding serious incident reporting and debriefing. All changes will be shared with the security intelligence unit." (Page 3)

MECC has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.

Based on the evidence provided through policy and the tour of the facility, MECC is found to have met the standard for upgrades to the facility and technology.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness

to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) MDOC Statewide PREA Coordinator states, "The PREA Unit Investigators utilize nationally recognized protocols for the collection and preservation of evidence as discussed in the 'A national Protocol for Sexual Assault Medical Forensic Examinations.' The protocols utilized are appropriate for youthful offenders. The Department's evidence protocol is outlined in D1-8.8, Evidence Collection, Accountability and Disposal."

All MECC staff interviewed were able to explain to the Auditor MDOC's requirements as it relates to preserving evidence and securing a crime scene. All staff advised victims and perpetrators would not be allowed to shower, brush their teeth, drink water, smoke, change clothes or use the restroom until they were told they could do so.

RECOMMEDATION: Update MDOC policy D1-8.8, Evidence Collection, Accountability and Disposal, dated August 28, 2014, to reflect the formation of the PREA Unit and its investigative responsibilities for sexual abuse allegations.

c) MDOC policy D1-8.13 states, "Health Services staff member cannot collect physical evidence from a victim or perpetrator following a report of offender sexual abuse but may assist in the preservation of items related to the incident. A sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE) may collect evidence in conjunction with a sexual assault examination. Health services staff members shall screen victims for obvious physical trauma and provide emergency medical care. If the alleged perpetrator is a staff member, the victim shall be transported to the community emergency room for a sexual assault examination to be performed by a SANE or SAFE. The offender shall be out counted when the incident is alleged to have occurred within 120 hours. If an allegation of offender sexual abuse is made within 120 hours of the alleged event and consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis, the health services staff member shall: Contact the on call SANE staff member to inform them to report to the facility and determine the staff member's estimated time of arrival. Notify the shift commander that a sexual assault examination is needed and the estimated time of arrival of the SANE staff member. The shift commander shall proceed with the coordinated response as outlined in the coordinated response protocol for institutions." (Page 17)

In the past 12 months, there have been zero forensic medical exams, SANE/SAFE's, or exams performed by qualified medical practitioner on inmates assigned to MECC.

There were no SANE nurses onsite during the onsite portion of this audit.

The Statewide PREA Coordinator reports, "Forensic exams are conducted onsite at each Missouri Department of Corrections facility by certified Sexual Assault Nurse Examiners which are provided through the Department's medical contract with Corizon."

The Auditor reviewed Corizon's Contractual Requirement document. It states, "Offenders who report sexual assault will be treated for immediate stabilizing healthcare needs onsite and then transferred to an offsite hospital emergency room/SANE/SAFE provider for forensic evaluation and treat. Corizon has contracts and access through HealthLink for accessing SANE/SAFE providers." (Page 43)

d, e) MDOC policy D1-8.13 states, "Each facility will offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility will attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt will be documented and advocacy services will be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. When the facility cannot successfully enter into a MOU with an outside community service provider for offender victim advocacy services, or when the outside community advocate is not available, a qualified staff member victim advocate will be provided. All staff members serving as a designated victim advocate for offenders will receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims will be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee will serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee will ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety will receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous, to the office of the inspector general. Offenders will have reasonable access upon their request to the ongoing services of a victim advocate to include: Communication by mail or special visits in as confidential manner as possible to maintain safety and security of the institution. Being informed prior to being given access to a victim advocate, the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates will be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits will be arranged through the PREA site coordinator or designee. Facilities will make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations. The facility will enable reasonable communication between offender victims and these organizations. A list of the above will be maintained in the library and/or other common areas of every facility." (Pages 21 -22)

MDOC also has contract with the Missouri Coalition Against Domestic and Sexual Violence (MCADSV) to train facility chaplains to act as qualified agency staff victim advocate. The Auditor reviewed MCADSV curriculum and proof of training of three staff persons as MECC.

The Site Coordinator reports, "We have the chaplains and a case worker trained to be a victim advocate if needed. We do not have an MOU with a local rape crises center."

While onsite, the Auditor selected four inmates who reported sexual abuse to MECC during the past 12 months. During their interviews, no inmate confirmed for the Auditor they reported sexual abuse.

f) NA MDOC/MECC are responsible for administrative and criminal investigations.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, MECC is found to have met the standard for evidence protocol and forensic examinations.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) MDOC policy D1-8.13 states, "The department shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website." (Page 20)

This same language is also found in MDOC policy D1-8.1, Office of Professional Standards, dated July 1, 2017. MDOC PREA Unit is housed under the Office of Professional Standards.

MDOC policy D1-8.4, Institutional Investigations, dated July 1, 2017 covers administrative investigations. This policy states, "An inquiry or investigation may be conducted by an institutional investigator when: an offender may have engaged in a violation of offender rules; or, there is staff member on offender sexual harassment. Allegations of offender sexual harassment or offender sexual abuse related to pat searches or uses of force will be processed in accordance with the PREA coordinated response protocol." (Page 3)

In the past 12 months, MECC has had 10 allegations of sexual abuse or sexual harassment. All ten allegations resulted in administrative investigation. Eight of these cases involved sexual abuse and involved a criminal investigation. Six of the ten investigations have been completed with four cases still pending.

Interviews with investigators confirmed all allegations of sexual abuse and sexual harassment are referred for investigation.

Based on the evidence provided through policy and staff interviews, MECC is found to have met the standard for policies to ensure referrals of allegations for investigations.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, c) MECC has trained 100% of their staff in the prevention, detection, and response to sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "All new staff members shall complete the department's online sexual misconduct and harassment training within 5 working days of employment. All staff members shall receive initial PREA training during the department's basic training. All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years in which an employee is not required to complete training, the department's PREA manager shall provide current information on sexual abuse and sexual harassment policies via the department's PREA intranet page <http://docintranet.ads.state.mo.us/Division/OD/PREA.htm>." (Page 7)

All staff interviewed were able to discuss details of the PREA training they received during basic training and annual PREA refreshers.

b) While MECC is a male only facility, the same MDOC policy addresses gender specific training staff will receive when working at a female facility or when they transfer to a female facility from a male facility. This policy states, "All new staff members who shall be placed at a female facility shall receive Working With The Female Offender training prior to being placed at a post. Staff members shall receive additional training if they are reassigned from a facility that houses only male offenders to a facility that houses only female offenders. Staff members shall receive additional training if they are

reassigned from a facility that houses only female offenders to a facility that houses only male offenders if their basic training or institutional basic training occurred more than two years prior to the time of assignment.” (Page 8)

d) MDOC policy D1-8.13 states, “All completed PREA training shall require a PREA acknowledgment form or PREA basic training acknowledgment form stating the staff member understood and completed the training. This form shall be routed through the facility training officer or regional training coordinator. The facility training officer or regional training coordinator shall send the original PREA acknowledgment form to the central office human resources personnel for retaining in the employee's personnel file.” (Page 8)

MECC documents, through employee signature, the understanding and completion of the training they have received. The Auditor reviewed 10 staff files and found each staff person had PREA training.

Based on the evidence provided through policy, staff interviews, and documentation review, MECC is found to have met the standard for employee training.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b) MECC has trained 100% of all contractors and volunteers who enter the facility and have contact with the inmates.

MDOC policy D1-8.13 states, "All part-time employees, volunteers, and contract staff members shall receive PREA training specific to their classification as determined by the appropriate division director and chief of staff training... Vending contractors shall be escorted by a staff member at all times or shall receive PREA training prior to entering the facility." (Page 7)

All volunteers interviewed report receiving PREA training that included the zero-tolerance policy and how to report sexual abuse or sexual harassment.

c) MDOC policy states, "Volunteer acknowledgment forms shall be retained in the volunteer's file by designated facility staff members. Vending contractors acknowledgment forms shall be retained in the vendor file by designated facility staff members. Work release supervisor acknowledgment forms shall be retained by the work release coordinator at the facility in the work release supervisor's file." (Page 8)

While onsite the Auditor reviewed five training records of volunteers and contractors finding all five had received the required PREA training.

Based on the evidence provided through policy, interviews, and documentation review, MECC is found to have met the standard for volunteer and contractor training.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MECC all inmates at MECC have received PREA education in accordance with policy.

MDOC policy D1-8.13 states, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment." (Page 12)

Intake staff at MECC states all inmates are given a PREA flyer when they first come into the facility. The flyer covers the zero-tolerance policy and how to report sexual abuse and sexual harassment. Intake staff also advise the PREA orientation video is then shown 24 hours later.

All inmates interviewed reported receiving PREA information the first day they arrived at MECC.

e) MECC documents all inmate education. While onsite the Auditor reviewed the records of 10 inmates and found all inmates received PREA information and orientation within the required timeframe.

f) During the tour of MECC, the Auditor observed PREA information signs and way to report posted in every housing unit, Education Building, Medical, Chapel, Recreation, Kitchen, Maintenance and Drug Testing. This information is posted in English and Spanish.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, MECC is found to have met the standard for inmate education.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b, c) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Gerrity, sexual abuse evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA: Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator and one facility investigators. Both investigators report receiving PREA training and specialized sexual abuse investigation training.

Based on the evidence provided through policy, staff interviews, and documentation review, MECC is found to have met the standard for specialized investigation training.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or

suspensions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

☒ Yes ☐ No ☐ NA

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)

☒ Yes ☐ No ☐ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

☒ Yes ☐ No ☐ NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)

☒ Yes ☐ No ☐ NA

☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Medical and mental health staff members shall receive annual specialized PREA training." (Page 8)

The Auditor reviewed the curriculum titled, "PREA-Specialized Medical/Mental Health Professional Training," dated May 2015. Program overview states, "This training class is for Medical and Mental Health Professionals working with the Missouri Department of Corrections (MDOC) and serves as review of the PREA standards and how they apply to Mental and Mental health professions/roles throughout the department. Course includes information on the federal Prison Rape Elimination Act Guidelines; a definition of PREA; its applicability to all MDOC staff; and definitions of offender sexual abuse." This is a 2-hour credit course.

Interview with medical staff supported receiving annual specialized training.

b) While onsite the Auditor was provided proof of certificates for SANE training for six nurses.

c) While onsite the Auditor reviewed five training records of medical and mental health staff and found all of them had received the annual specialized training and the required MDCO PREA training.

Based on the evidence provided through policy, staff interviews, and documentation review, MECC is found to have met the standard for specialized medical and mental health training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse?
☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒
Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a request? ☒
Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has three classifications determined by the Adult Internal Risk Assessment (AIRA): Alpha (High Risk of Abusiveness), Kappa (Low Risk for either Abusiveness or Victimization), or Sigma (High Risk of Victimization).

a, b, c) MDOC policy D1-8.13 states, "Facilities will assess offenders for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment in accordance with the institutional services procedure regarding diagnostic center reception and orientation, and probation and parole procedures regarding the community supervision center, the community release center, and contracted residential facilities. Offenders will be assessed within 72 hours of arrival." (Page 8)

All staff interviewed who perform the AIRA stated the initial assessment is done the first day at MECC. They also advised they have up to 72 hours to complete the initial assessment if they run into issues the first day through Reception and Orientation.

All inmates interviewed supported this practice.

d, e) AIRA contains the ten elements identified in these subsections.

Interviews with the staff who conduct the AIRA report the instrument considers age, build, weight, sexual orientation, institutional violence, criminal history and sex offenses.

f, g) MDOC policy states, "Offenders shall be reassessed within 30 days of arrival. The reassessment shall consider additional relevant information received by the facility after the initial intake screening. The offender's risk level shall be reassessed when warranted due to a referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offender's risk of sexual victimization or abusiveness." (Page 9)

MECC has not had any assessment exceed the 72 hour or 30-day reassessment timeline. While onsite the Auditor reviewed the records of 10 inmates and found all inmates had their initial assessment and 30-day assessment completed within the required timeframe.

h) MDOC policy states, "The offender shall not be disciplined for refusing to answer or not disclosing complete information during the assessment." (Page 9)

Interviews with risk assessment staff report inmates are not disciplined for refusing to participate or answer questions related to the AIRA.

Interviewed staff also report they have never experienced an inmate refusing to participate in the AIRA.

i) MDOC/MECC has appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard.

MDOC has assigned security levels to specific job descriptions. Only classification and administration staff have the security level to access the questions on the AIRA. Security staff only have security permissions to access the final classification of Alpha, Kappa or Sigma.

Based on the evidence provided through policy, staff interviews, and documentation review, MECC is found to have met the standard for screening for risk and abusiveness.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?
☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) MDOC policy IS5-2.3, Offender Internal Classification, dated March 17, 2019 states, "The department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines. Offenders placed in temporary administrative segregation confinement, administrative segregation confinement, disciplinary segregation confinement, protective custody, or transitional care units will be assigned a cell according to the offender's internal classification score. Staff members who supervise offenders in required activity assignments will utilize the internal classification score to monitor offenders in accordance with institutional services procedures regarding required activities." (Page 2)

Interviews with staff supported this practice.

The Site Coordinator reports the AIRA is used to determine housing, job placement and program. MECC's main goal is to keep the Alphas and Sigmas separated for protection.

c, d, e, f, g) MDOC policy D1-8.13 states, "If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members. Housing assignment for transgender and intersex offenders will be made as outlined in this procedure, on a case-by-case basis by the institutional transgender or intersex committee or designee of the community confinement facilities to ensure the health and safety of the offender in accordance with the institutional services procedure regarding offender housing assignments, transgender and intersex offenders and the probation and parole procedure regarding risk assessment and housing assignments." (Page 9)

MDOC also utilizes a transgender committee to provide individualized decision making. MDOC policy D1-813 states, "Each institution will have a transgender committee to make informed decisions regarding the health and safety of transgender and intersex offenders assigned at that facility. The transgender committee shall meet with the offender upon arrival at the facility and every six months thereafter or more often if deemed necessary. The transgender committee will complete a written report within 10 working days of the offender's arrival at the facility and after each 6 month meeting. The report should be forwarded to the appropriate deputy division director of the division of adult institutions; the director of the division of rehabilitative service and the PREA manager for review and approval. A response should be made back to the transgender committee within 10 working days. The written decision shall be maintained in the offender's classification and medical records in accordance with departmental procedures regarding record retention. The transgender committee meeting and subsequent written report shall include the following: offender's view of his vulnerability within the general population, historical overview of the offender's transgender/intersex status, Include information regarding where the offender is in the transition process, amount of time living as a transgender, and the offender's concerns and views regarding the transition process and review of the offender adult internal risk assessment, The report should show the adult internal risk assessment was reviewed and whether the offender required a reassessment. If information is obtained which would

affect the offender's classification, the offender will be reassessed utilizing the adult internal risk assessment. review of the offender's institutional adjustment, PREA allegations/investigations, review of programming assignments, recommendations regarding the offender's health and safety to include: housing assignment, Housing assignments for transgender or intersex offenders shall not be made based solely on genitalia but shall consider the offender's health and safety and the security of the facility through a review of the respective classification, medical and mental health records. The transgender or intersex offender's own views with respect to his safety shall be given serious consideration when determining housing. showering, Transgender or intersex offenders shall be offered the opportunity to shower separately from other offenders. special needs. If the contracted mental health provider recommends hormone replacement therapy the recommendation will be included in the transgender committee report. If specialized clothing, such as a support garment, is recommended, the recommendation shall be included in the report. A written doctor's recommendation shall accompany the report." (Page 11)

Site Coordinator stated, "All transgender inmates are housed according to AIRA initially. If there is a problem, they follow protocol for room moves unless there is an immediate need. A transgender inmate doesn't get moved; it's the cellmate with problem that is moved. We don't do programming any different from any other inmate. Again, it is based on their AIRA with input from the Transgender Committee."

Interviews with staff who conduct the AIRA support this practice.

The Auditor selected four transgender inmates to interview while at MECC. All transgender inmates expressed satisfaction with their housing assignments. One stated, "When a cellie had a problem, they moved him."

h) MECC does not have dedicated wings to house gay, bisexual, transgender or intersex inmates.

Interviews with staff, administration and inmates confirm this practice.

Based on the evidence provided through policy, staff interviews, and documentation review, MECC is found to have met the standard for use of risk screening information.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MECC has not placed any victim in involuntary segregated housing due to a PREA event.

a, c, d) MDOC policy D1-8.13 states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include: return to assigned housing; temporary reassignment of staff members; assignment to another housing unit; and temporary segregated housing for protective custody needs. Segregated housing should not be considered as the first option to ensure safety of the victim. The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist form of the recommended housing option. If temporary administrative segregation confinement (TASC) is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding temporary administrative segregation confinement and administrative segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit." (Page 16)

The Warden states, "Protective custody is always used as a last resort."

b) There were no inmates assigned to temporary restrictive housing due to being at high risk of sexual victimization at the time of this audit.

e) This same policy states, "Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody." (Page 16)

Based on the evidence provided through policy, staff interviews, and documentation review, MECC is found to have met the standard for protective custody.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request?
☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)
☐ Yes ☐ No ☐ NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?
☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC/MECC has multiple ways for inmates to report sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "Each facility's CAO or designee shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff member neglect, and violation of responsibilities that may have contributed to an incident of offender sexual abuse, to include but not limited to: informal resolution request (IRR), grievance process, or offender complaint, a staff member, PREA hotline, and advocacy agency. Offenders may make anonymous reports of allegations of offender sexual abuse to the Department of Public Safety, Crimes Victims Services Unit. All offender mail addressed to the Crimes Victims Services Unit shall be treated as confidential mail and not subject to examination. Facilities shall maintain strict policies prohibiting mailroom staff from revealing to staff members or administrators the fact that an offender sent correspondence to the sexual abuse reporting entity. Allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure." (Page 13)

MDOC does not house inmates solely for civil immigration purposes.

MDOC has a memorandum of understanding with the Missouri Department of Public Safety (DPS) which allows DPC to receive written correspondence of allegations of offender sexual abuse and harassment. This MOU was signed in 2014 is continuously renewed.

MECC has not received third-party or anonymous reports in the past 12 months.

All staff interviewed were able to describe multiple ways inmates could report sexual abuse.

All inmates interviewed reported they knew of multiple ways to report sexual abuse including using the PREA hotline, writing a kite and telling an officer.

d) This same policy also states, "Staff members may anonymously report allegations of offender sexual abuse, harassment, or retaliation utilizing the employee reporting hotline in accordance with department procedure regarding discrimination, harassment, retaliation, or unprofessional conduct." (Page 13)

MECC staff may utilize the C.L.E.A.R (Confidential Line for Employee Allegations and Reporting) Line. Employees may call or email this service.

All staff interviewed reported they would not anonymously report sexual abuse or sexual harassment. They advised they would go directly to their supervisor.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, MECC is found to have met the standard for inmate reporting.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC/MECC is not exempt from this standard.

b, c) MDOC policy D1-8.13 states, "The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse. The department shall not impose a time limit for an offender submitting a grievance or complaint regarding an allegation of sexual abuse. The department may apply otherwise applicable time limits to any portion of a grievance or complaint that does not allege an incident of sexual abuse in accordance with the department procedure regarding offender grievance, institutional investigations, and office of professional standards." (Page 14)

MDOC policy D5-3.2, Offender Grievance, dated January 1, 2015 states, "There will be no time limit for submitting complaints regarding allegations of offender sexual abuse. All complaints regarding offender sexual abuse will be processed as outlined in accordance with this procedure. The department will not require an offender to use the informal grievance process, or to otherwise attempt to resolve with staff members, an alleged incident of offender sexual abuse. All informal resolution requests, offender grievances or offender grievance appeals containing allegations of offender sexual abuse, will be processed in the manner outlined in this section. An offender who alleges offender sexual abuse may submit an informal resolution request, offender grievance, or offender grievance appeal without submitting it to a staff member who is subject to the complaint. A staff member who is the subject of the complaint should not be the respondent. When the staff member responsible for processing informal resolution requests, offender grievances, or offender grievance appeals receives a complaint alleging offender sexual abuse, a copy of the form will be forwarded to the shift commander and the offender sexual abuse coordinated response will be initiated in accordance with the department procedure regarding PREA." (Pages 9, 16 -17)

It should be noted the Offender Grievance policy is available to all inmates in the library of MECC.

d) MDOC policy D5-3.2 states, "Informal resolution request alleging sexual abuse will be processed normally with the exception of the following: A response should be completed as soon as practical, but no later than 30 calendar days of receipt. Offender grievances alleging sexual abuse will be processed normally with the following exceptions: the CAO or designee should respond within 30 calendar days of receipt. Computation of the 30 day time period will not include the days between the offender's receipt of the informal resolution request and receipt of the offender grievance by the grievance officer or designee. Offender grievance appeals alleging offender sexual abuse will be processed normally with the following exceptions: a response should be provided as soon as practical, but no later than 30 calendar days of receipt. Computation of the 30 day time period will not include the days between the offender's receipt of the offender grievance response and receipt of the offender grievance appeal by central office grievance staff members. Appeals will be referred to the deputy division director or designee. An extension of time to respond, of up to 70 days, may be claimed if the normal time period for response is insufficient to make an appropriate decision. The offender will be notified in writing of any such extension and will be provided a date by which a response will be provided. At any level of the administrative process, including the offender grievance appeal level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may proceed to the next level of the offender grievance process." (Page 17)

MECC has had no grievances filed alleging sexual abuse in the past 12 months.

MECC also utilizes a "Grievance PREA Tracking Log" to ensure timeframes are met.

e) This same policy states, "Third Party Reporting: Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for informal resolution requests, grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution. When a staff member receives a request from a third party to file a complaint via the offender grievance procedure on behalf of an offender regarding allegations of offender sexual abuse. The staff member will require the party making the complaint to submit such in writing. Administrative or case management staff members will then prepare a report of incident in accordance with procedure for possible investigation or inquiry. When a staff member receives the documentation from the reporting third party, it will be attached to an informal resolution request form and will immediately be recorded in accordance with this procedure. A copy of the documentation will also be forwarded to the CAO or designee in order to be attached to the possible investigation or inquiry. The case manager shall attempt to discuss the issue with the offender (victim) prior to developing a response to confirm if the alleged victim agrees to have the request filed on his behalf. If the offender declines to have the request process on his behalf, the case manager shall document the offender's decision in the discussion section of the informal resolution request form and the complaint shall be considered withdrawn for grievance purposes. If the offender agrees to have the request processed on his behalf, it will then be documented in the discussion section of the informal resolution request and will be processed normally in accordance with this procedure." (Pages 17 -18)

f) This same policy also states, "Allegations of offender sexual abuse by employees shall immediately be reported to the CAO or designee for possible investigation or inquiry. If the staff member who processes the informal resolution requests determines that it meets the definition of a PREA emergency complaint, the offender will be provided an informal resolution request form. Emergency informal resolution requests will be processed as follows: The offender will request an informal resolution request form from case management staff members and briefly state the issues and subject of complaint in accordance with this procedure. When a staff member receives the completed informal resolution request form from the offender, the staff member will record receipt of the form in accordance with this procedure and it will be taken to the CAO or designee immediately. Upon receipt of an informal resolution request from an offender, the CAO or designee may confer with the PREA site

coordinator to make the determination if the informal resolution request should be handled as an emergency. The CAO or designee will prepare an initial response which will be attached to the informal resolution request and provided to the offender within 48 hours of receipt of the initial filing date. The offender will sign and date the response. A final response from the CAO or designee will be provided to the offender within 5 calendar days from the initial filing date. The offender will sign and date the form. The initial and final response for the informal resolution request shall document the department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency informal resolution request. If the offender is unsatisfied with the final response for the informal resolution request and chooses to file a grievance, an offender grievance form will be provided. The grievance or grievance appeal will then be processed as a non-emergency PREA complaint as noted in this procedure." (Pages 18 – 19)

g) The grievance policy also states, "No reprisals shall be taken against any offender for use of, or participation in, the offender grievance procedure. Offenders may be held accountable for misusing or abusing the offender grievance procedure as stated in this procedure. This action is not considered a reprisal...All offenders are encouraged to utilize this procedure for the redress of grievances; however, offender must refrain from knowingly and deliberately filing improper, duplicative, expanded or frivolous IRR, offender grievances or offender grievance appeals." (Pages 4, 5)

Based on the evidence provided through policy, staff interviews, and documentation review, MECC is found to have met the standard for exhausting administrative remedies.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c) MDOC policy D1-8.13 states, "Each facility shall offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility shall attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt shall be documented and advocacy services shall be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. All staff members serving as a designated victim advocate for offenders shall receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims shall be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee shall serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee shall ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety shall receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous to the PREA unit. Offenders shall be allowed to communicate with an advocate by mail or special visit in a confidential manner as possible to maintain safety and security of the institution. Offenders shall be informed before being given access to a victim advocate, the extent to which communications shall be monitored and the extent to which reports of abuse shall be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates shall be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits shall be arranged through the PREA site coordinator or designee. Facilities shall make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations." (Pages 20 -21)

For inmates who are placed in restrictive housing, they are provided a PREA flyer with the addresses of Just Detention International and Rape, Abuse and Incest National Network (RAINN). Inmates at MECC can contact these agencies for emotional support. The flyer is available in English and Spanish.

MECC has no MOU in place with a local rape crises center.

The Auditor interviewed four inmates who were identified as reporting sexual abuse to MECC. However, during the interviews these inmates would not confirm they made a report.

Interview with inmates reported they knew there were services available to them outside of the facility; however, they could not name the resource. Most stated could write a letter to Jefferson City if they needed more information.

Based on the evidence provided through policy, staff interviews, and documentation review, MECC is found to have met the standard for inmates' access to outside confidential resources.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) Methods to report sexual abuse and harassment are made available to the public via the Department's website which you can access at <http://doc.mo.gov/OD/PREA.php>.

MECC also has posters in visitation that outline ways for friends and family to report sexual abuse or sexual harassment.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, MECC is found to have met the standard for third-party reporting.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, c, d, e) MDOC policy D1-8.13 states, "Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. Medical and mental health staff members shall inform offenders at the initiation of services of the practitioner's duty to report in accordance with statutes." (Page 6)

Missouri Revised Statute Chapter 217, Department of Corrections, Section 217.410, outlines staff duty to report.

Missouri Revised Statute Chapter 630, Department of Mental Health, Section 603.005, defines a vulnerable person as any person in the custody, care, or control of the department that is receiving services from an operated, funded, licensed, or certified program. Section 630.163 also outlines staff duty to report.

All staff interviewed reported they were mandated reporters of sexual abuse and sexual harassment. Staff reported failure to report could result in disciplinary action up to termination. Many staff also reported there could be legal repercussions for failing to report sexual abuse or sexual harassment of inmates.

Medical staff also reported they are mandated reporters of sexual abuse. They also state informed consent is part of the process.

Medical and mental health staff have had no reports of sexual abuse from offenders in the past 12 months.

b) This same policy states, “Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions.” (Page 6)

All staff interviewed state “confidentiality” and “zero-tolerance” are stressed during training.

Based on the evidence provided through policy, staff interviews, and documentation review, MECC is found to have met the standard for staff and agency reporting duties.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC Policy D1-8.13, states, “When an offender is believed to be in substantial risk of victimization, the shift commander shall assess the offender to ensure housing in the least restrictive housing. “If TASC is determined to be the least restrictive housing the shift commander shall note on the TASC order the offender is being placed in segregated housing due to a PREA risk. The offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units.” (Page 17)

The Warden stated, “I expect my staff to not leave the offender and report the information to their supervisor. I expect them to bring that offender into the classification office ask them about their safety.”

All staff interviewed reported they would notify their supervisor immediately if they learned of an inmate who may be in imminent danger. They also reported they would also pull that inmate aside to ensure their safety will notifying their supervisor.

Based on the evidence provided through policy, staff interviews, and documentation review, MECC is found to have met the standard for agency protection duties.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.1 states, "Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Page 9)

MECC has had no reports of sexual abuse from another confinement facility.

The Site Coordinator reports, "When an allegation of abuse is reported to have occurred at another facility with MDOC, the coordinated response is immediately initiated. All notifications are made according to the PREA Notification Checklist. All pertinent information is forwarded to the PREA Site Coordinator at the facility the abuse is alleged to have occurred. If the allegation of abuse is alleged to have occurred at a facility outside of MDOC, the coordinated response is immediately initiated, and the PREA notification checklist and all pertinent documentation is forwarded to the Department PREA Coordinator for processing."

Based on the evidence provided through policy, staff interviews, and documentation review, MECC is found to have met the standard for reporting to other confinement facilities.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) MDOC policy D1-8.13 outlines staff first responder requirements. The policy states, "3. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. If the allegation is reported directly to a facility administrator, the administrator can initiate the coordinated response to ensure confidentiality utilizing the notification checklist. In the event of an allegation of a penetration act, the first responder shall take the following steps. (1) Ensure the safety of the victim. (2) Request the victim not to take any actions that may destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable. (3) To the extent possible, ensure the alleged perpetrator does not take any actions that could destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The shift commander or shift supervisor shall make telephone notifications and respond as outlined in the division's coordinated response to offender sexual abuse protocol. In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol." (Pages 15 -16)

MECC requires staff, volunteers, and contractors to follow the same protocol. Every person who has contact with inmates are issued a "First Responder Card" which outlines the protocol everyone must follow.

In the past twelve months there has been no non-security staff who have acted as first responder.

All staff interviewed were able to articulate the facilities requirements as a first responder.

All volunteers interviewed supported the practice of first responder duties as outlined in MDOC policy.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, MECC is found to have met the standard for use of risk screening information.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MECC has formalized Coordinated Response plan in place for staff, volunteers and contractors. This plan echoes the requirements found in MDOC policy D1-8.13.

The Auditor reviewed six closed PREA investigations and found the coordinated response had been initiated in each one according to policy and this standard.

All staff interviewed were able to explain the coordinated response to the Auditor.

Based on the evidence provided through policy, staff interviews, and documentation review, MECC is found to have met the standard for coordinated response.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) The Department of Corrections Division of Adult Institutions and the Missouri Corrections Officers Association (MOCOA) Corrections I and II Bargaining Unit have entered into an agreement that permits the agency to remove alleged staff sexual abusers from contact with any inmates pending an investigation or a determination of whether and to what extent discipline is warranted.

This agreement ended in 2018, however, MDOC is currently working with MOCOA to renew the agreement. While this is pending, MDOC is honoring the 2018 agreement.

Based on the evidence provided through policy, staff interviews, and documentation review, MECC is found to have met the standard for the preservation of ability to protect inmates from contact with abusers.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
☐ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 establishes procedures for monitoring retaliation. This policy states, "The PREA site coordinator shall ensure all victims and reporters and those that cooperate with offender sexual abuse and harassment investigations or inquiries are monitored and protected from retaliation." (Page 14)

b, c, d, e, f) MDOC policy D1-8.13 states, "Following any reported incident of sexual abuse or harassment, monitoring for retaliation shall be conducted in the following manner: The alleged victim of offender sexual abuse shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation. Monitoring shall include face-to-face status checks by a staff members a minimum of every 30 days. The assessment-retaliation status checklist form shall be used during each of the assessment interviews. If the victim expresses fear of retaliation, monitoring shall continue for an additional 90 day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded. The PREA site coordinator or designee shall ensure individuals receive an initial assessment utilizing the assessment-retaliation status checklist form when they report and cooperate with offender sexual abuse or sexual harassment investigations or inquiries. Reporters or witnesses who voice they have no concerns regarding potential retaliation shall not receive further monitoring. Reporters and witnesses shall sign the assessment-retaliation status checklist form showing they have no concerns regarding potential retaliation. The PREA site coordinator shall report all evidence of retaliation to the CAO or designee to ensure an inquiry or investigation is initiated in accordance with department procedures regarding office of professional standards and institutional investigators. If possible retaliation is suggested, the PREA site coordinator shall act promptly to remedy any such retaliation and protect the individual." (Page 14)

This same policy also states, "The PREA site coordinator shall ensure victims, reporters, and witnesses that report a fear of retaliation or possible victims of retaliation be offered emotional support services. Emotional services for offender victims, reporters, or witnesses include but are not limited to a referral to mental health, chaplain, or advocacy when appropriate. Emotional services for staff member reporters or witnesses include but are not limited to, the employee assistance program, peer action and care team referral, and/or chaplain referral. All action taken to remedy retaliation or services offered to the victims or suspected victims shall be noted on the assessment-retaliation status checklist form. In

the event that a victim is transferred during a period of monitoring, the PREA site coordinator shall forward the assessment-retaliation status checklist form to the PREA site coordinator in the receiving institution. The PREA site coordinator at the receiving institution shall ensure monitoring continues as outlined in this procedure. The PREA site coordinator shall ensure the completed assessment-retaliation status checklist form is returned to the originating institution to be filed in the PREA incident file for future audits. If released to a community confinement facility monitoring shall continue. If released to a field probation and parole office, monitoring shall stop. In the event the allegations are determined to be unfounded the agency shall terminate monitoring. (Pages 14, 15)

The Site Coordinator is responsible for monitoring retaliation at MECC.

The Auditor reviewed six retaliation packets and found all monitoring followed MDOC policy and requirements in this standard.

Based on the evidence provided through policy, staff interviews, and documentation review, MECC is found to have met the standard for monitoring retaliation.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC policy D1-8.13 states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include: Return to assigned housing. Temporary reassignment of staff members. Assignment to another housing unit. Temporary segregated housing for protective custody needs (segregated housing should not be considered as the

first option to ensure safety of the victim). The assessment shall consider the allegation or threat and the safety of the victim and institution.” (Page 16)

This same policy continues, “If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender’s safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody. (Page 17)

MECC did not have any inmates placed in restrictive housing due to post-allegation protective custody.

The Warden states, “We always use protective custody as a last resort.”

Based on the evidence provided through policy, staff interviews, and documentation review, MECC is found to have met the standard for post-allegation protective custody.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Unit in the Offender of Professional Standards conducts all offender sexual abuse investigations. Sexual harassment and allegations involving searches are conducted by trained institutional investigators.

a, d, e, f, g, h, j) MDOC policy D1-8.1, Office of Professional Standards, states, "All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. Upon receiving a report of offender sexual abuse, including staff on offender and offender on offender, the CAO or designee shall ensure the allegation is forwarded to the PREA unit within 2 business days of receipt. Allegations involving offender sexual harassment or offender abuse related to pat searches will be addressed as outlined in the institutional investigators procedure. Within 2 business days of receipt, the PREA unit will determine if the allegation meets PREA definitions or if additional information is needed. If additional information is needed the PREA unit will contact the PREA site coordinator to request the additional information. A written report will be created at the conclusion of any inquiry or investigation and a copy will be provided to CAO and division director or designee. Any action taken as a result of an inquiry or investigation shall be reported to the PREA unit within 5 business days of receiving the report. Upon receiving information that an offender has been sexually abused while assigned to another department

facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Pages 8, 9)

b) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Gerrity, sexual abuse evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA: Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator and one facility investigator. Both investigators have have received PREA training and specialized investigator training.

The Auditor reviewed three administrative files and found they met all requirements of MDOC policy and this standard.

c) MDOC policy D1-8.8, Evidence Collection, Accountability and Disposal, outlines the agency's requirements in gathering and preserving direct and circumstantial evidence.

Interviews with investigators report they would collect video surveillance, phone calls, logs and interviews as evidence in many cases of sexual harassment. When asked about criminal cases, the Auditor advised in addition to what was already mentioned they would take photographs and collect DNA.

i) MDOC retains all investigative files for 90 years.

Based on the evidence provided through policy, staff interviews, and documentation review, MECC is found to have met the standard for criminal and administrative investigations.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 defines the Preponderance of Evidence as enough proof to show that something is more likely to have occurred than not to have occurred. This same policy also states, "Administrative investigations shall impose no standard higher than the preponderance of evidence in determining whether an allegation of offender sexual abuse or harassment is substantiated."

All investigators interviewed reported they use the preponderance of evidence (51%) to determine proof.

Based on the evidence provided through policy, staff interviews, and documentation review, MECC is found to have met the standard for evidentiary standard for administrative investigations.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, " Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA manager shall make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification form or the alleged sexual abuse by staff member notification form. Notification shall not be made to the offender following an investigation or inquiry regarding sexual harassment." (Pages 20, 21)

All investigators interviewed reported notification is made to all inmates in the case of sexual abuse. They advise if the inmate leaves the facility the attempt at notification is still made.

b) NA MDOC/MECC is responsible for conducting administrative and criminal investigations.

c) This same policy states, "All subsequent notifications shall be made when: Staff member on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs (unless the inquiry or investigation is unfounded): The staff member perpetrator is no longer assigned to the housing unit. The staff member perpetrator is no longer employed by the department. The staff member perpetrator has been indicted on a charge related to sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution." (Page 21)

The Auditor interviewed four inmates who reported sexual abuse to MECC. However, none interviewed would confirm they made a report to the facility. The Auditor did review six files and found notification had been made in all cases.

d) This policy also states, "Offender on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs. The offender has been indicted on a charge related to sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution." (Page 21)

The Auditor interviewed four inmates who reported sexual abuse to MECC. However, none interviewed would confirm they made a report to the facility. The Auditor did review six files and found notification had been made in all cases.

e, f) MDOC D1-8.13 states, "The departmental PREA manager shall forward the written notification to the offender via the PREA site coordinator. The PREA site coordinator shall ensure that the written notification is provided to the offender in a confidential manner. The original notification shall be signed by the offender and witnessed by a staff member. The offender shall be offered a copy of the letter, but shall have the right to decline the letter. The original notification shall be forwarded to the department's PREA manager for tracking. In the event the offender has been released from custody and is not being housed in the community release center or the community supervision center and the duty to report ends." (Page 21)

Based on the evidence provided through policy, staff interviews, and documentation review, MECC is found to have met the standard for reporting to inmates.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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MECC has not had any investigation or instance where a staff member was terminated following a substantiated investigation during or reported to any law enforcement agency.

a, b, c, d) MDOC policy D2-9.1 Employee Discipline, dated May 1, 2019, outlines MDOC disciplinary process for all employees.

MDOC policy D1-8.13 states, "Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures. Termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All terminations for violations or the resignation of a staff member, who would have been terminated if not for their resignation, shall be reported to relevant licensing or accreditation bodies and law enforcement." (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, MECC is found to have met the standard for disciplinary sanctions for staff.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC policy D1.8.13 states, "Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law enforcement. The CAO or designee of the department facility or contracted facility shall take appropriate measures and consider whether to prohibit further contact with offenders in the case of any other violations." (Page 24)

The Warden states, "We would restrict them from the institution while being investigated."

Based on the evidence provided through policy, staff interviews, and documentation review, MECC is found to have met the standard for corrective action for volunteer and contractors.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☐ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☐ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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MECC has no incidents of substantiated sexual abuse or sexual harassment investigations resulting in disciplinary action against and inmate.

a) MDOC policy D1-8.13 states, "Offenders shall be subject to disciplinary sanctions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt when the offender engaged in offender on offender sexual abuse in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

b) This same policy states, "Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

c) This policy states, "The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

d) MDOC policy states, "Is found guilty of sexual abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff members, as available, in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

Interviews with health services reveals referrals are being made by staff when it comes to sexual abuse.

e) This same policy states, "An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 24)

f) All staff interviewed report they received information in training regarding good faith reports. They advised training covered inmates being free from punishment for making a report of sexual abuse or sexual harassment.

g) MDOC policy states, "The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders shall not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, MECC is found to have met the standard for disciplinary sanctions for inmates.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
☒ Yes ☐ No ☐ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MECC has not had any instances where prior sexual abuse that occurred outside of a correctional facility was reported to the authorities during this reporting period

a, b, c, d, e) MDOC policy IS11-32, Receiving Screening – Intake Center, dated December 10, 2016 states, "If the screening identifies a need for immediate mental health intervention, a call will be made by the staff person identifying the need to the QMHP and follow up with a completed referral and screening note-health services form. If during the screening, the offender reports being sexually abused within the last 72 hours or if a forensic exam is deemed medically necessary, the coordinated response to offender sexual abuse will be initiated in accordance with departmental procedures regarding offender sexual abuse and harassment.

If the screening indicates the offender has experienced prior sexual victimization whether in the community or in a correctional setting and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated and the offender will be offered a meeting with a mental health practitioner within 14 days of the intake screening. If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a meeting with a QMHP within 14 days of the intake screening." (Page 3)

Staff who conduct AIRA report there are certain questions that will trigger a mental health referral. They all report mental health is quick to respond.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, MECC is found to have met the standard for medical and mental health screenings; history of sexual abuse.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment." (Page 17)

Health services report medical services are provided as soon as they are notified.

b) Medical and mental staff are available 24 hours a day, seven days a week to inmates of MECC.

This same MDOC policy states, "If no qualified medical or mental health practitioners are on duty at the time a report of a penetration event that occurred within 120 hours within a correctional facility, or 92 hours within a community confinement facility, custody staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners." (Page 17)

c) This same policy states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate." (Page 18)

Health services advise they will follow any treatment plans coming out of the SANE exam and will even develop treatment plans that will follow the inmate upon transfer to another facility.

d) All medical and mental health services are offered at not cost to the inmate or perpetrator of sexual abuse as done per policy in MDOC D1-8.13.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, MECC is found to have met the standard for access to emergency medical and mental health services.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MECC had no instances where the perpetrator of sexual abuse was referred to mental health.

a, f) MECC offers medical and mental health services and treatment to all inmates who have been victims of sexual abuse. This offered onsite 24 hours a day, seven days a week.

MDOC policy D1-8.13 states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate." (Page 17)

b, h) MECC offers follow up medical and mental health services as needed to all inmates who have been victims of sexual abuse.

MDOC policy D1-8.13 states, "Each victim and abuser shall be offered medical and mental health evaluations, and as appropriate, treatment to include appropriate follow-up services and treatment plans. When necessary, referrals shall be completed for continued care following their transfer to, or placement in, other facilities or their release from custody." (Page 17)

Health services report that while they have specific protocols they must follow, they are allowed to use some judgement when treating victims of sexual abuse.

c) MECC offers medical and mental health services consistent with community level of care.

This same policy also states, "Victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services." (Page 17)

Health services staff believe their level of care exceeds what is provided in the community due to the immediate response of their department.

d, e) NA MECC is an all-male facility.

g) All medical and mental health services are offered at no cost to the inmate or perpetrator of sexual abuse per MDOC policy D1-8.13.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, MECC is found to have met the standard for ongoing medical and mental health care for sexual abuse victims and abusers.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d, e) MDOC policy D1-8.13 states, "Each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded. Debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry. The review team for offender sexual abuse events shall include the PREA site coordinator, and other upper level administrators, when applicable, with input from the shift supervisor, investigators, and medical or mental health practitioners, when applicable. A complete written report shall be prepared by the CAO or designee outlining in detail the findings of the debriefing sessions and recommendations for improvements utilizing the PREA sexual abuse debriefing form. The facility shall implement the recommendations for improvement, or shall document its reasons why recommendations shall not be implemented. A copy of the debriefing shall be submitted electronically to the assistant director and the PREA manager. A copy of the report shall be filed in the institutional PREA event file." (Page 20)

The Site Coordinator states, "Our team is diverse and looks at it differently. Because of this, we can identify many points of concern."

The Auditor reviewed three debriefings and found they were conducted per MDOC policy and meets the requirements of this standard.

Based on the evidence provided through policy, staff interviews, and documentation review, MECC is found to have met the standard for sexual abuse incident reviews.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☐ Yes ☐ No ☒ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC policy D1-8.13 states, "Annual Site Report: Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA manager by the last working day in March. The report shall include: identified problem areas, recommendations for improvement, corrective action taken, if recommendations for improvements were not implemented, reasons for not doing so, a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse, an evaluation of the need for camera and monitoring systems, in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to: the staffing plan, the deployment of video monitors, and the resource availability to adhere to the staffing plan. The yearly report shall be submitted to the division director and the department PREA manager no later than the last working day in March. The PREA manager shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 24, 25)

e) NA Neither MDOC nor MECC contracts for placement of inmates in their custody.

f) NA DOJ has not requested agency data.

The PREA Coordinator reports, "Historically, the data needed to complete the annual Survey of Sexual Violence was collected in the Corrections Information Network [COIN] system. Beginning in January 2019, the Department deployed our new database for investigations, the Investigative Report Intelligence System [IRIS] which is now the Department's data collection system for all investigations conducted within the Department."

The Auditor reviewed the 2016, 2017, and 2018 MDOC PREA Annual Reports and the 2018 Survey of Sexual Victimization. In addition, the Auditor was provided copies of MECC's 2020 PREA Annual Report.

Based on the evidence provided through policy, staff interviews, and documentation review, MECC is found to have met the standard for data collection.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC policy D1-8.13 states, "The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

The Auditor reviewed the 2016, 2017, and 2018 MDOC PREA Annual Reports and the 2018 Survey of Sexual Victimization. In addition, the Auditor was provided copies of MECC's 2020 PREA Annual Report.

The PREA Coordinator reports, "Historically, the data needed to complete the annual Survey of Sexual Violence was collected in the Corrections Information Network [COIN] system. Beginning in January 2019, the Department deployed our new database for investigations, the Investigative Report Intelligence System [IRIS] which is now the Department's data collection system for all investigations conducted within the Department."

Based on the evidence provided through policy, staff interviews, and documentation review, MECC is found to have met the standard for data review for corrective action.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) The Site Coordinator keeps all investigations, data tracking forms, monthly statistic reports secured in a locked file cabinet.

b) MDOC policy D1-8.13 states, "The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

Auditor reviewed the MDOC 2015 , 2016, 2017, and 2018 PREA Annual Report. These reports contained information on the progress the department made in the previous years in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

c) This same policy states, "The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited." (Page 25)

d) According the Agency Records Disposition Schedule (Inspector General Section) , this information is retained for five years, and then it is destroyed.

Based on the evidence provided through policy, staff interviews, and documentation review, MECC is found to have met the standard for data storage, publication, and destruction.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the

agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) During the prior three-year audit period, MDOC ensured each of their facilities was audited at least once.

b) This is the second year of the current audit cycle, MDOC ensured at least one-third of their facilities was audited during the first year of the current audit cycle.

- h) The auditor had access to, and the ability to observe, all areas of MECC.
- i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information) needed to complete the audit.
- m) The Auditor permitted to conduct private interviews with inmates and staff.
- n) Inmates permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. The Auditor received zero (0) letters from MECC inmates.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, MECC is found to have met the standard for frequency and scope of audit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MECC administration and staff believe incarcerated individuals have the right to be free from sexual abuse and sexual harassment. This zero-tolerance culture is evident in the policies of the agency, the actions of MECC leadership as well as the knowledge the staff demonstrated of PREA. MECC

leadership was incredibly open with the Auditor and wanted the Auditor's input on cross-gender viewing and practices at the facility. Staff was able to articulate the agencies coordinated response to sexual abuse and harassment.

The overall theme of the interviews with inmates included feeling safe at the facility and the belief that staff takes reports of sexual abuse seriously. The inmates were able to explain how to report incidents of sexual abuse and harassment and were able to discuss how they were exposed to PREA education upon intake. While some stated they could not remember the PREA video in its entirety, they did remember viewing it. All inmates reported they knew that opposite gender staff announced themselves at the beginning of each shift. Several inmate interviews indicated that once a PREA allegation was made, the victim was immediately placed in segregation. The Auditor reviewed additional random files while on site which are maintained by the Site Coordinator and found that this was not the practice of MECC.

Staff knew their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff was able to articulate the coordinated response to sexual abuse and harassment. They knew to separate the victim from the alleged perpetrator, secure the scene and to contact their supervisor. They stated that all reports would be documented by the end of shift. They also stated that if they received knowledge of someone being in imminent danger, they would immediately secure the safety of that individual.

Interviews with specialized staff were completed and the results were positive and supported the zero-tolerance culture. Each knew their role and responsibilities as it pertains to PREA compliance and documentation. They articulated the coordinated response and the expectations that staff would follow all policies. Administrative staff was open to any suggestions the Auditor presented during the tour and the exit meeting.

Documentation provided in the pre-audit questionnaire was well organized and easy to read. MECC was found to be following all PREA standards.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

/s/ Elisabeth M. Copeland

August 28, 2020

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report September 11, 2020

Auditor Information

Name: Elisabeth Copeland	Email: lisa@preaauditing.com
Company Name: PREA Auditors of America, LLC	
Mailing Address: 14506 Lakeside View Way	City, State, Zip: Cypress, TX 77429
Telephone: 713-818-9098	Date of Facility Visit: July 29- 30, 2020

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Missouri Department of Corrections		State of Missouri	
Physical Address: 2729 Plaza Drive		City, State, Zip: Jefferson City, MO 65102	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: http://docintranet.ads.state.mo.us/Division/OD/PREA.htm			

Agency Chief Executive Officer

Name: Anne Precythe	
Email: Anne.Precythe@doc.mo.gov	Telephone: 573-526-6607

Agency-Wide PREA Coordinator

Name: Vevia Sturm	
Email: Vevia.Sturm@doc.mo.gov	Telephone: 573-522-3335
PREA Coordinator Reports to: Matt Briesacher, Office of Professional Standards	Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility: Potosi Correctional Center

Physical Address: 11593 State Highway O

City, State, Zip: Mineral Point, MO 63660

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

☐

Military

☐

Private for Profit

☐

Private not for Profit

☐

Municipal

☐

County

☒

State

☐

Federal

Facility Type:

☒

Prison

☐

Jail

Facility Website with PREA Information: <http://docintranet.ads.state.mo.us/Division/OD/PREA.htm>

Has the facility been accredited within the past 3 years? ☐ Yes ☐ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐

ACA

☒

NCCHC

☐

CALEA

☐

Other (please name or describe: Click or tap here to enter text.

☐

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
No

Warden/Jail Administrator/Sheriff/Director

Name: David Vandergriff

Email: David.Vandergriff@doc.mo.gov

Telephone: 573-438-6000, ext. 1201

Facility PREA Compliance Manager

Name: David Vandergriff

Email: David.Vandergriff@doc.mo.gov

Telephone: 573-438-6000, ext. 1201

Facility Health Service Administrator ☐ N/A

Name: Tymber Taylor

Email: Tymber.Taylor@corizonhealth.com

Telephone: 573-438-6000, ext. 1424

Facility Characteristics		
Designated Facility Capacity:	942 (C-5 852/MSU 90)	
Current Population of Facility:	855 (C-5 807/MSU 40)	
Average daily population for the past 12 months:	903	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	20 - 80	
Average length of stay or time under supervision:	23 months	
Facility security levels/inmate custody levels:	Maximum Security/C-5	
Number of inmates admitted to facility during the past 12 months:	335	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	430	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	426	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	283	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	123
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	1 – Cardinal Vending
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	11
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0 – Due COVID -19
Physical Plant	
Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	11
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	7
Number of single cell housing units:	2
Number of multiple occupancy cell housing units:	6
Number of open bay/dorm housing units:	1
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	165)
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams		
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)	
Investigations		
Criminal Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	10	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	
Administrative Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	10 Agency, 2 facility	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

PRE-AUDIT

Potosi Correctional Center (PCC) on June 23, 2020 via the Missouri Department of Corrections Statewide PREA Coordinator, Vevia Sturm. Notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditor and advised staff and offenders that the onsite portion of the PREA audit will be conducted on July 29 – 30, 2020.

The Auditor received a flash drive containing PCC's Pre-Audit Questionnaire several weeks prior to the onsite portion of this audit. The flash drive contained department and agency policies, curriculum and other supporting documentation. The files were divided up by standard and were easy to read and navigate.

The Auditor reviewed the provided documentation and began completing the Auditor's Compliance Tool to determine a baseline for compliance and to formulate questions for the onsite portion of the audit.

On July 24, 2020, a tentative agenda for the PREA audit was sent the Statewide PREA Coordinator for MDOC to be distributed to the facility. This agenda outlined the when the auditing would be on site, the types of staff and inmates that would be interviewed and when the audit would conclude. The agenda also outlined which specialized staff would be interviewed as well as which specialized inmate populations would be interviewed.

ONSITE

The Auditor was greeted and given a history and the layout of the facility by Warden (Site Coordinator) David Vandegriff. After the initial meeting, a detailed tour was provided to the Auditor and the MDOC's Statewide PREA Coordinator Vevia Sturm.

Warden Vandergriff lead the onsite tour. The tour began with the housing units. The Auditor viewed camera placements, showers/restrooms and observed cross-gendered announcements being made to offenders. PREA reporting information was clearly marked on bulletin boards in each living unit. In all housing units' toilets and shower stalls all had appropriate coverings. The "Notice of PREA Audit" was also clearly visible throughout the tour.

In addition to the living units, intake, medical area, outside recreation, inside recreation, dining areas, library, programs, and control posts were also toured. PREA reporting information in English and Spanish were found on every bulletin board and were clearly marked.

Immediately after the tour, the Site Coordinator provided the Auditor with staff rosters from all three shifts and provided a list of specialized staff. The Auditor then randomly selected from each shift, as well as established times to interview specialize staff.

The Site Coordinator provided the auditor with housing unit rosters. In reviewing the housing rosters the auditor randomly selected two - four inmates from each unit for random inmate interviews and selected inmates for the targeted protocols. Based on the available inmate population, inmates were selected for the following targeted protocols: Inmates with Physical and Cognitive Disabilities, Inmates who are Limited English Proficient (LEP), Inmates who Identify as Gay, Bisexual and Transgender, Inmates who Reported Sexual Abuse During the Risk Screening and Inmates who Reported Sexual Abuse. A total of 30 inmates were selected to be interviewed. PCC provided confidential locations in the training center for the auditing team to interview inmates.

PCC provided appropriate accommodations for the Auditor to conduct inmate and staff interviews. The auditor was given access to staff files, inmate files and any documentation that was requested. Facility staff was great to work with and were very accommodating. The Site Coordinator and Warden were readily available to answer any questions and assist in any way. Staff at PCC was extremely helpful and polite throughout the entire process and escorted the Auditor throughout the facility.

Auditors interviewed a total of 30 inmates that had various lengths of stay. In addition, the Auditor interviewed a total of 23 staff to include the Warden, Mental Health Staff, Human Resources staff, Upper Level Supervisors, Intake Staff, Staff who Perform Risk Screening, staff who Monitor Retaliation, members of the Debrief Team, Investigators, as well as random staff from all shifts.

Prior to the exit interview, the Auditor reviewed onsite documentation. There was an exit interview conducted at the end of the site visit.

POST AUDIT

After the onsite portion of the PREA audit, this Auditor reviewed the notes from the tour; all interviews conducted and did another review of the supporting documentation. Work on the final audit report began.

On September 13, 2020, the PREA audit report was submitted to the PREA Resource Center and copies were sent to MDOC's statewide PREA coordinator.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Potosi Correctional Center (PCC) is in Mineral Point, Missouri. PCC consists of 11 buildings. Inmate housing, which consists of seven (7) housing units, includes two (2) single cell housing units, six multiple occupancy housing units and one open bay/dorm housing units. PCC also has 165 segregation cells.

PCC receives offenders sentenced to the Missouri Department Corrections. PCC also houses probation/parole returns as well as those offenders sentenced to treatment.

The current population at PCC is 855 maximum security adult male offenders. During the past 12 months 335 offenders have been admitted to this facility. Of this number of 335 offenders admitted to PCCC, 426 had a length of stay longer than thirty days. The average age range of the current offender population is 20 years of age to 80 years of age.

PCC has 283 employees who have contact with the offender population. This staff is responsible for the security of all buildings located at PCC. In addition to its 283 employees, PCC also has 123 individual contractors who are currently authorized to enter the facility. Due to the COVID-19 pandemic, there are zero volunteers allowed to enter PCC. This has been in place since March 2020. There are 10 investigators across the State of Missouri with two facility investigators at PCC.

PCC is located within a secure perimeter. The facility has the official capacity to house 942 offenders.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: 115.11, 115.64

Standards Met

Number of Standards Met: 44

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: NA

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019 outlines the agencies approach to preventing, detecting and responding to sexual abuse and sexual harassment of individuals confined at all of its' facilities. This same policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment. This mandate can be found on page 5 of this policy. It states, "All department staff members, contractors, or volunteers shall not engage in abuse or sexual harassment of an offender which includes sexual contact with or without the offender's consent. The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation. Staff members shall communicate professionally with all offenders, including gender non-conforming offenders in accordance with institutional services procedures regarding transgender and intersex offenders. Offender sexual abuse by a department staff member is a felony and could result in the requirement to register as a sex offender."

The MDOC Employee Handbook states, "When any employee of the Department has reason to believe that an offender has been abused, the employee must immediately report all pertinent details in writing to the Department Director. Failure to report offender abuse is a class A misdemeanor.

A Department employee who works at a correctional center commits the crime of sexual contact with an offender by having sexual intercourse or deviate sexual intercourse with an offender confined in a correctional center. A probation and parole officer commits the crime of sexual contact with an offender if the officer has sexual intercourse or deviate sexual intercourse with an offender who is under the supervision of the officer. (Deviate sexual intercourse is a very broad term that is not limited to intercourse; it includes other forms of physical contact of a sexual nature.) The offender's consent is not a defense to this crime. Sexual contact with an offender is a class D felony, which carries a maximum sentence of incarceration for four years." (Page 20)

This same policy also provides definitions of prohibited behavior regarding sexual abuse and sexual harassment on pages 2 and 3 under "Definitions" in Section II.

(b) Policy D1-8.13 also designates an upper-level, agency wide PREA Coordinator. Page 5 of this policy states, "To ensure compliance with the Prison Rape Elimination Act (PREA), the department shall employ a full-time PREA manager responsible for implementation and oversight of the department's efforts to prevent, detect, and respond to offender sexual abuse, harassment, and retaliation." The agency wide PREA Coordinator is located in MDOC's Central Office in Jefferson City and reports directly to the Office of Professional Standards, which in turn, reports to the Director of MDOC. The Auditor was provided a copy of MDOC's organizational chart outlining this chain of command.

While the agency wide PREA Coordinator does not directly supervise the 21 PREA Site Coordinators (one PREA Site Coordinator per adult state institutions in Missouri) the agency wide PREA Coordinator communicates regularly with Site Coordinators via meetings and email.

(c) PCC has a designated PREA Site Coordinator as mandated by MDOC policy D1-8.13. Page 5 of this policy states, "Each facility and community confinement facility shall designate a PREA site coordinator who has sufficient time and authority to ensure the facility's compliance with the PREA standards at their assigned facility. The director of the division of adult institutions shall designate a PREA site coordinator at each facility at the level of deputy warden. The division director of the board of probation and parole shall designate a PREA site coordinator at each facility at the level of unit supervisor or higher."

At the time of the onsite portion of PCC's PREA Site Coordinator is also the Warden. The Warden had recently been promoted from the Deputy Warden of Offender Management (DWOM) at PCC. When the DWOM position is filled, this person will report directly to PCC's Warden. The Auditor was provided a copy of PCC's organizational chart outlining this chain of command.

PCC's acting PREA Site Coordinator reports he has enough time to manage his PREA related responsibilities in addition to his responsibilities as Warden. He stated, "It starts with 100 percent education of staff and inmates. This includes signage in the facility and first responder training. " He reported, "I keep everything transparent. I let Vevia know immediately when something happens then go back to education to talk about where we went wrong."

Staff reported the PCC takes zero-tolerance very seriously. Each staff person interviewed knew their roles in responding, preventing and detecting sexual abuse. Inmates interviewed reported PREA information is "everywhere." They also reported they felt staff would take a report of sexual abuse seriously.

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, PCC is found to have met the standard for zero-tolerance.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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PCC does not contract with other agencies/facilities to house inmates assigned to PCC. This was confirmed through interviews with administrative staff and documentation review.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☐ Yes ☐ No ☒ NA

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(c) MDOC policy D1-8.3, Offender Sexual Abuse and Harassment, dated June 14, 2019 states, "The department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The staffing plan shall consider the facility's physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the composition of the offender population, and the prevalence of substantiated and unsubstantiated offender sexual abuse allegations. Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted." (page 6)

PCC's staffing plan is predicated on the inmate population of 942, which is also the design capacity of the facility. PCC reported their ADP since their last PREA audit in 2017 was 918. The facility's administration report PCC has never been over capacity. PCC's current population is 855.

Central Office does take into consideration generally accepted detention and correctional practices, judicial findings of inadequacy, findings of inadequacy from federal investigative agencies, internal and external oversight bodies, physical plant layout, composition of inmate population, placement of supervisory staff, institutional programs, applicable state and local laws, regulations or standards, and the prevalence of substantiated and unsubstantiated incidents of sexual abuse.

The Warden reported PCC conducts camera reviews once a year to determine where staff are needed. He advised PCC tracks where incidents happen, review shift summary reports and population in all housing units. This information is provided to the PREA Coordinator through an annual report titled, "The PREA Staffing and Yearly Reporting Implementation Team." The Auditor was provided a copy of 2019 report filed by PCC showing compliance with the staffing plan.

The Auditor reviewed the 2019 PREA Annual Report filed by PCC. These reports cover all sexual abuse and sexual harassment allegations filed in that calendar year, camera monitoring reviews, staffing plan compliance, and any correction action PCC made to maintain compliance with the PREA standards.

While camera and video monitoring are included in PCC's PREA Annual Reports, PCC does file a separate annual report specifically for this topic. The Auditor reviewed the 2019 report.

(b) There have been no deviations from PCC's staffing plan in the past 12 months.

PCC's DSOP1-8.13, Offender Sexual Abuse and Harassment, dated November 8, 2019 states, "The shift commander shall submit written documentation to the PREA site coordinator any time there is a deviation from the staffing plan via the shift summary completed at the end of each shift. A copy of the documentation shall be forwarded to the Chief of Custody." (Page 7)

(d) PCC requires intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment of inmates.

MDOC policy D1-8.13 states, "Each institution shall ensure the classifications of lieutenant or above conduct and document unscheduled and unannounced rounds to identify and deter offender sexual abuse and sexual harassment. Each facility shall ensure that rounds occur periodically in all areas of the facility. Staff members shall be prohibited from alerting other staff members that these rounds are occurring. The rounds shall be documented and readily accessible during audits as outlined in the facility's standard operating procedure." (page 6)

PCC's DSOP1-8.13 states, "PREA rounds shall be noted on the PREA monthly area compliance checks form and shall be maintained by the PREA Site Coordinator." (Page 7)

The Auditor reviewed multiple post orders for throughout PCC. Language requiring unannounced rounds also appears in PCC's post orders for Shift Supervisor (Captain), Assistant Shift Supervisor (Lieutenants) and Housing Unit COI.

The Auditor interviewed two upper-level supervisors. Each supervisor report they are required to check each area of the facility at least once a month. They report their checks are documented on a spreadsheet with the date, time and their signature, when a check is completed. They also advise they sign into each housing unit when conducting these announced rounds.

The Auditor reviewed housing units sign in sheets from February 2020. Unannounced rounds are being conducted on every shift in every housing unit.

Each supervisor reports they have not had an incident where staff were alerted at other housing units when these rounds were conducted.

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, PCC is found to have met the standard for supervision and monitoring.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PCC does not house youthful inmates. This was confirmed through interviews with administrative and frontline staff, as well as, through the tour of the facility and documentation review.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? ☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
☐ Yes ☐ No ☒ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(c) PCC does not allow cross-gender strip searches or cross-gender visual body cavity searches of inmates.

MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019, states, "Cross-gender strip searches are not allowed except in exigent circumstances. All cross-gender strip searches shall be documented as outlined in the institutional services and probation and parole procedures regarding searches." (Page 12)

MDOC policy IS20-1.3, Searches, dated November 2, 2019 also states, "Strip searches shall be conducted by staff members of the same gender as the subject of the search, except in exigent circumstances. Exigent circumstances include: time delaying a search could allow for the destruction of evidence; escape of an offender; endangerment of life, health or property of staff members, offenders, or the public; and emergency movement situations (i.e. crime scene where evacuation of offenders needs to occur immediately and/or a check for weapons. Upon request, offenders who identify as transgender or intersex, will be provided privacy from other offenders when being strip searched. Staff members shall document a cross gender strip search on the cross-gender search form. The shift supervisor shall make all applicable notifications in accordance with standard operating procedures and forward the cross-gender search form to the PREA site coordinator and include a copy to the use of force packet if applicable. The PREA site coordinator shall review the cross-gender search form. If it is determined the search was conducted under non-exigent circumstances, it shall be referred for review and action as deemed appropriate. The PREA site coordinator shall maintain the cross-gender search form and supporting documents for tracking purposes." (Pages 6 -7)

PCC reports there have been no incidents of cross-gender strip searches or cross-gender visual body cavity searches of inmates since their last PREA audit in 2017. There have been no incidents where medical staff have conducted such searches.

Interviews with inmates confirm this practice.

(b) N/A PCC is a male only facility.

(d) MDOC/PCC has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their buttocks and genitals.

MDOC policy D1-8.13 states, "Offenders shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff members of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks in accordance with, institutional services, and probation and parole procedures regarding searches." (Page 12)

PCC's DSOP1-8.13 states, "Before the 6:00 a.m. count on 1st shift and at the beginning of 2nd and 3rd shift, an announcement "there are men and women working this shift" shall be made when the first member of the opposite gender enters the housing unit. Another announcement is not required in that unit for the remainder of the shift. The announcement must be logged as "There are men and women working this shift" announcement on the chronological log by the person making the announcement with the date and time. This applies to all 3 shifts. In the event a female exits the housing unit and returns, the announcement "there are men and women working this shift" will be made again. In the event a female exits the housing unit and another female enters, the announcement "there are men and women working this shift" will be made again. These actions will be recorded in the chronological log as "there are men and women working this shift" announcement and the date and time the announcement is made will be documented. Signs stating, "Female on Duty" will be placed in the housing unit wings in view of all offenders when female staff members are in the housing unit. Signs will be removed when females exit the unit. In restrictive housing units, signs stating, "Female on Duty" will be posted in the housing unit if deaf or hard of hearing offenders are housed in the unit. Signs will be placed in the wing outside the deaf or hard of hearing offender's cell within their line of vision. Signs will be removed when females exit the unit." (Page 14)

The Auditor reviewed random housing unit logs from each unit and found cross gender announcements are being completed on each shift. These announcements are documented as "PREA Announcements" on the log. The date and time the announcement is made is listed as well as the initial of the officer who made the announcement.

While touring PCC the Auditor heard a cross gender announcement or saw a blue sign in the control window announcing female staff are on duty.

All inmates interviewed reported they either heard the PREA announcement in the morning or saw the blue sign in the control window.

While observing the shower and restroom areas in the housing units, the Auditor found the following:

- In Housing Unit 5, Honor Unit, consists of two wings. Each wing has two tiers and consists of two-man cells with a toilet located in the front corner of the cell. Each tier has two individual showers with half (solid) swinging door to prevent viewing. You cannot see into the upper tier showers from the bottom tier. You cannot see into the bottom tier showers from the top tier. This was verified by the Auditor during the tour.
- Housing Units 3, 4, and 6 have the same set up as Housing Unit 5.

- Housing Unit 2 (Segregation) has three wings (two tiers each). Two wings consist of two-man cells and one wing consist of one-man cells. Each cell has an open toilet located in the front corner of the cell. The Auditor had difficulty viewing these toilets when touring this housing unit. Individual showers are located on the lower tier and have wired mesh doors that allow viewing from the chest up. While there is a hand cuff port at the genital level, PCC has installed a metal flap that pulled down over the port while the inmate is showering. This prevents viewing by female staff.
- Housing Unit 1 (Segregation for Inmates who Have a Higher Risk of Violence) consists of two wings of single man cells. Each cell contains a shower and a toilet with appropriate covering for privacy.
- Housing Unit 7 is an open bay/dorm style unit. Showers and toilets are located at the front of the unit and have appropriate barriers in place to ensure privacy for inmates housed in this unit.

Restrooms located in Laundry, Medical, Chapel, Education, Recreation and Food Service are designed for one inmate at a time. Each area has privacy for the inmate while allowing staff to ensure safety.

Staff report there is never a time where male inmates will be unclothed in front of non-medical female staff.

(e) MDOC policy D1-8.13 states, "Staff members shall not perform strip or pat-down searches or conduct a physical examination for the sole purpose of determining an offender's genital status in accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center." (page 13)

This same language is also found in IS20-1.3, Searches, dated November 3, 2019.

MDOC policy D1-8.13 states, "If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members." (Page 9)

MDOC policy IS11-34.1, Health Assessment and/or Physical Examinations at Reception, dated June 18, 2018, also states, "The facility will not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by the responsible physician." (Page 4)

All staff interviewed reported searching an inmate solely for the purpose of determining genitalia was strictly forbidden.

During the onsite portion of this audit, there were no transgender or intersex inmates at the facility. This information was confirmed through interviews with medical staff, random staff and inmates.

(f) MDOC policy D1-8.13 states, "Staff members shall be trained in how to conduct cross gender pat down searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible as consistent with security needs." (Page 13)

PCC reports 100% of staff have received cross-gender and transgender pat down search training.

Staff interviewed report they received this training while at the academy.

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, PCC is found to have met the standard for cross-gender viewing and searches.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC policy D1-8.13, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders." (Page 10)

This same policy also states, "To notify hearing impaired offenders of cross gender staff in the housing unit, all housing units should display a sign indicating when a cross gender staff member is present." (Page 12)

The requirement for the display of this sign is also required in the remaining housing units at PCC.

The Auditor interviewed two hearing impaired inmates. Both inmates reported being able to communicate with staff and having access to TTY phone.

During the tour of PCC, signs were posted throughout the facility providing inmates who are hard of hearing or deaf, instructions on how to dial the TTY (Text Phone or Teletypewriter) phone system.

MDOC also has in place multiple contracts with Missouri agencies for Sign Language Interpretation Services. These agencies include: Access Interpreters LLC, ASL Communication Services Inc., Associates in Sign Language LLC, Columbia Interpreting Services, Deaf Empowerment Awareness Foundation, Deaf Inter-Link Inc., Global Village Language Center, International Language Center, Interpretek, Interpreters Unlimited, MT & Associates LLC, and TLC Interpreting Services LLC.

The PREA video showed during orientation is also available in closed caption for hearing impaired inmates.

PCC also has PREA information prepared in braille for any inmate who is visually impaired. PREA Acknowledgement forms (acknowledging PREA education) can also be found in large print. The PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in large print.

All staff at PCC have received the training, "Special Needs Offenders," during basic training. This curriculum teaches staff to compare and contrast individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Staff are also taught how to assess the potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication.

b) MDOC policy D1-8.13 states, "Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment." (Pages 10- 11).

PCC has PREA Acknowledgement forms (acknowledging PREA education) in the following languages: Chinese (Simplified and Traditional), English, Japanese, Russian, Serbo Croatian, Spanish and Vietnamese. PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in the same languages.

A written transcript of PREA video showed during orientation is also available in English and in Spanish.

During the tour of PCC, the Auditor noted PREA posters announcing zero tolerance and how to report sexual abuse were posted in English and in Spanish.

c) MDOC policy D1-8.13 states, “Offender interpreters shall not be utilized except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender’s safety, the performance of first responder duties, or the investigation.” (Page 15)

PCC DSOP1-8.13 also states, “Offender/staff interpreters for non-English speaking victims/perpetrators can ONLY be utilized in an exigent circumstance when the event is first reported until an outside interpreter can be arranged. Interpreters for deaf and hard of hearing victims/perpetrators will be in accordance with Department Procedures regarding deaf and hard of hearing offenders.” (Page 18)

All PCC staff interviewed supported this this practice.

Based on the evidence provided through policy, staff and inmate interviews, documentation review and the tour of the facility, PCC is found to have met the standard for working with inmates with disabilities and inmates who are limited English proficient.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? ☒ Yes ☐ No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, f, g) MDOC policy D1-8.13 states, "Department staff members shall not hire or promote any person, employee, or enlist the services of any contractor that may have contact with an offender when it is known that he: has engaged in sexual abuse with an offender in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse." (Page 7)

MDOC application for employment specifically asks these three questions.

b) This same policy also states, "Department staff members shall consider any incidents of sexual harassment in determining whether to hire or promote any person or enlist the services of any contractor who may have contact with offenders in accordance with the department's procedures regarding background investigations, promotional appointments, maintenance of employee records, employee discipline, and labor organizations." (Page 7)

A representative from human resources states, "Yes, we do. If they allude to a PREA incident, based on that alone, we do not hire them." The representative also states, "All legal issues must be reported.

The MDOC Employee Handbook states, "Employees who are arrested or charged with a criminal offense must immediately notify the chief administrative officer or highest-ranking staff member available. In this

context, immediate means as soon as possible but no later than the beginning of the next shift worked by the employee. Employees are required to report arrests and charges for all felonies and any misdemeanor, except a minor traffic violation. Alcohol related charges and driving while license is suspended or revoked are not minor traffic violations, so employees must report those matters. Employees must report any citation or arrest for a traffic violation that occurred while operating a state-owned vehicle. In addition to making an immediate oral report, employees must submit to the chief administrative officer a detailed written account of the incident that led to the employee's arrest or filing of criminal charges. Employees must submit this written account before the end of the next shift worked after being arrested or charged. In the event that an employee is on leave, the employee is required to provide written notification as soon as possible but no later than three days after being arrested or charged. Employees must notify the chief administrative officer in writing about court appearances related to the charges in advance of the court appearance. Employees must promptly provide a written account of the final disposition of the charge. This includes any plea that results in a suspended imposition or execution of sentence." (Page 18)

c, d, e) MDOC policy D1-8.13 states, "Before hiring new employees the human resources staff members or designee shall: perform a criminal background records check; and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the department procedure regarding background investigations." (Page 7)

A representative from human resources states, "Yes, before they come to work. We then do one annually on their birth month. We also do another background check when they get promoted." The representative added, "We use MULES (Missouri Uniform Law Enforcement System, NCIC and CaseNet." CaseNet is computer system used to check local court filings."

While onsite, the Auditor reviewed 10 employees' files and found criminal background checks have been completed per this standard. The Auditor also reviewed five new hire files and found criminal background checks were completed per this standard and MDOC policy.

g) The human resource representative states, "Any inquiries about former employees are not handled at the facility level. This is referred to Central Office."

Based on the evidence provided through policy, staff interviews, and documentation, PCC is found to have met the standard for hiring and promotional decisions.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) PCC has not modified or expanded its facility or acquired additional buildings since their last PREA audit.

b) MDOC policy D4.4.8, Security Camera Operations, dated November 23, 2019 states, "To assist in the prevention, detection and prosecution of offender sexual abuse and overall security of the facility, the security camera committee will conduct an annual assessment of the entire facility and submit a report to the CAO indicating the status of the camera system and recommend changes and additions. The CAO or designee will maintain a current document reflecting existing video equipment, requests for new purchases, and identified areas needing video surveillance. A copy of this document will be forwarded to the security intelligence unit. When debriefing critical incidents consideration shall be given as to whether security camera equipment or monitoring shall be augmented to supplement supervision by staff members in accordance with department procedures regarding serious incident reporting and debriefing. All changes will be shared with the security intelligence unit." (Page 3)

Based on the evidence provided through policy and the tour of the facility, PCC is found to have met the standard for upgrades to the facility and technology.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA
- Has the agency documented its efforts to secure services from rape crisis centers?
☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) MDOC Statewide PREA Coordinator states, "The PREA Unit Investigators utilize nationally recognized protocols for the collection and preservation of evidence as discussed in the 'A national Protocol for Sexual Assault Medical Forensic Examinations.' The protocols utilized are appropriate for youthful offenders. The Department's evidence protocol is outlined in D1-8.8, Evidence Collection, Accountability and Disposal."

All PCC staff interviewed were able to explain to the Auditor MDOC's requirements as it relates to preserving evidence and securing a crime scene. All staff advised victims and perpetrators would not be allowed to shower, brush their teeth, drink water, smoke, change clothes or use the restroom until they were told they could do so.

RECOMMEDATION: Update MDOC policy D1-8.8, Evidence Collection, Accountability and Disposal, dated August 28, 2014, to reflect the formation of the PREA Unit and its investigative responsibilities for sexual abuse allegations.

c) MDOC policy D1-8.13 states, "Health Services staff member cannot collect physical evidence from a victim or perpetrator following a report of offender sexual abuse but may assist in the preservation of items related to the incident. A sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE) may collect evidence in conjunction with a sexual assault examination. Health services staff members shall screen victims for obvious physical trauma and provide emergency medical care. If the alleged perpetrator is a staff member, the victim shall be transported to the community emergency room for a sexual assault examination to be performed by a SANE or SAFE. The offender shall be out counted when the incident is alleged to have occurred within 120 hours. If an allegation of offender sexual abuse is made within 120 hours of the alleged event and consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis, the health services staff member shall: Contact the on call SANE staff member to inform them to report to the facility and determine the staff member's estimated time of arrival. Notify the shift commander that a sexual assault examination is needed and the estimated time of arrival of the SANE staff member. The shift commander shall proceed with the coordinated response as outlined in the coordinated response protocol for institutions." (Page 17)

In the past 12 months, there have been five (5) forensic medical exams, SANE/SAFE's, or exams performed by qualified medical practitioner on inmates assigned to PCC.

There were no SANE nurses onsite during the onsite portion of this audit.

The Statewide PREA Coordinator reports, "Forensic exams are conducted onsite at each Missouri Department of Corrections facility by certified Sexual Assault Nurse Examiners which are provided through the Department's medical contract with Corizon."

The Auditor reviewed Corizon's Contractual Requirement document. It states, "Offenders who report sexual assault will be treated for immediate stabilizing healthcare needs onsite and then transferred to an offsite hospital emergency room/SANE/SAFE provider for forensic evaluation and treat. Corizon has contracts and access through HealthLink for accessing SANE/SAFE providers." (Page 43)

d, e) MDOC policy D1-8.13 states, "Each facility will offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility will attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt will be documented and advocacy services will be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. When the facility cannot successfully enter into a MOU with an outside community service provider for offender victim advocacy services, or when the outside community advocate is not available, a qualified staff member victim advocate will be provided. All staff members serving as a designated victim advocate for offenders will receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims will be afforded a level of confidentiality

consistent with the safety and security of the institution. The PREA site coordinator or designee will serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee will ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety will receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous, to the office of the inspector general. Offenders will have reasonable access upon their request to the ongoing services of a victim advocate to include: Communication by mail or special visits in as confidential manner as possible to maintain safety and security of the institution. Being informed prior to being given access to a victim advocate, the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates will be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits will be arranged through the PREA site coordinator or designee. Facilities will make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations. The facility will enable reasonable communication between offender victims and these organizations. A list of the above will be maintained in the library and/or other common areas of every facility.” (Pages 21 -22)

MDOC also has contract with the Missouri Coalition Against Domestic and Sexual Violence (MCADSV) to train facility chaplains to act as qualified agency staff victim advocate. The Auditor reviewed MCADSV curriculum and proof of training of three staff persons as PCC.

PCC utilizes their chaplains as a qualified staff member victim advocate if needed.

MDOC has a Memorandum of Understanding (MOU) in place with Southeast Missouri Family Violence Council to provide community advocacy services to PCC. This MOU was signed in 2013 and remains in effect.

The Auditor interviewed three inmate who had reported sexual abuse in the past 12 months. All three inmates report they were offered victim advocates when they made their reports.

f) NA MDOC/PCC are responsible for administrative and criminal investigations.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, PCC is found to have met the standard for evidence protocol and forensic examinations.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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a, b) MDOC policy D1-8.13 states, "The department shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website." (Page 20)

This same language is also found in MDOC policy D1-8.1, Office of Professional Standards, dated July 1, 2017. MDOC PREA Unit is housed under the Office of Professional Standards.

MDOC policy D1-8.4, Institutional Investigations, dated July 1, 2017 covers administrative investigations. This policy states, "An inquiry or investigation may be conducted by an institutional investigator when: an offender may have engaged in a violation of offender rules; or, there is staff member on offender sexual harassment. Allegations of offender sexual harassment or offender sexual abuse related to pat searches or uses of force will be processed in accordance with the PREA coordinated response protocol." (Page 3)

In the past 12 months, PCC has had 53 allegations of sexual abuse or sexual harassment. All 53 allegations resulted in administrative investigations with one rising to the level of a criminal investigation.

Interviews with investigators confirmed all allegations of sexual abuse and sexual harassment are referred for investigation.

Based on the evidence provided through policy and staff interviews, PCC is found to have met the standard for policies to ensure referrals of allegations for investigations.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, c) PCC has trained 100% of their staff in the prevention, detection, and response to sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "All new staff members shall complete the department's online sexual misconduct and harassment training within 5 working days of employment. All staff members shall receive initial PREA training during the department's basic training. All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years in which an employee is not required to complete training, the department's PREA manager shall provide current information on sexual abuse and sexual harassment policies via the department's PREA intranet page <http://docintranet.ads.state.mo.us/Division/OD/PREA.htm>." (Page 7)

All staff interviewed were able to discuss details of the PREA training they received during basic training and annual PREA refreshers.

b) While PCC is a male only facility, the same MDOC policy addresses gender specific training staff will receive when working at a female facility or when they transfer to a female facility from a male facility. This policy states, "All new staff members who shall be placed at a female facility shall receive Working With The Female Offender training prior to being placed at a post. Staff members shall receive additional training if they are reassigned from a facility that houses only male offenders to a facility that houses only female offenders. Staff members shall receive additional training if they are reassigned from a facility that houses only female offenders to a facility that houses only male offenders if their basic training or institutional basic training occurred more than two years prior to the time of assignment." (Page 8)

d) MDOC policy D1-8.13 states, "All completed PREA training shall require a PREA acknowledgment form or PREA basic training acknowledgment form stating the staff member understood and completed the training. This form shall be routed through the facility training officer or regional training coordinator. The facility training officer or regional training coordinator shall send the original PREA acknowledgment form to the central office human resources personnel for retaining in the employee's personnel file." (Page 8)

PCC documents, through employee signature, the understanding and completion of the training they have received. The Auditor reviewed ten staff files and found each staff person had PREA training.

Based on the evidence provided through policy, staff interviews, and documentation review, PCC is found to have met the standard for employee training.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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a, b) PCC has trained 100% of all contractors and volunteers who enter the facility and have contact with the inmates.

MDOC policy D1-8.13 states, "All part-time employees, volunteers, and contract staff members shall receive PREA training specific to their classification as determined by the appropriate division director and chief of staff training... Vending contractors shall be escorted by a staff member at all times or shall receive PREA training prior to entering the facility." (Page 7)

PCC DSOP1-8.13 states, "The Institutional Activities Coordinator (IAC) is the designated staff member." (Page 9)

c) MDOC policy states, "Volunteer acknowledgment forms shall be retained in the volunteer's file by designated facility staff members. Vending contractors acknowledgment forms shall be retained in the vendor file by designated facility staff members. Work release supervisor acknowledgment forms shall be retained by the work release coordinator at the facility in the work release supervisor's file." (Page 8)

While onsite the Auditor reviewed ten training records of volunteers and contractors finding all eight had received the required PREA training.

Based on the evidence provided through policy, interviews, and documentation review, PCC is found to have met the standard for volunteer and contractor training.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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a, b, c, d) PCC reports 335 inmates have received PREA education in the past 12 months in accordance with policy.

MDOC policy D1-8.13 states, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible

to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment.” (Page 12)

Intake staff a PCC states all inmates are given a PREA flyer when they first come into the facility. The flyer covers the zero-tolerance policy and how to report sexual abuse and sexual harassment. Intake staff also advise the PREA orientation video is then shown 24 hours later.

All inmates interviewed reported receiving PREA information the first day they arrived at PCC.

e) PCC documents all inmate education. While onsite the Auditor reviewed the records of 36 inmates and found all inmates received PREA information and orientation within the required timeframe.

f) During the tour of PCC, the Auditor observed PREA information signs and way to report posted in every housing unit, Education, Medical, Chapel, Recreation, Kitchen, and Library. This information is posted in English and Spanish.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, PCC is found to have met the standard for inmate education.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)

☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)
☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Gerrity, sexual abuse evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA: Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator and one facility investigator. The PREA Unit Investigator has completed the required specialized training through the PREA Resource Center. Both investigators have completed the required PREA basic training required by every staff person.

Based on the evidence provided through policy, staff interviews, and documentation review, PCC is found to have met the standard for specialized investigation training.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) ☒ Yes ☐ No ☐ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) ☒ Yes ☐ No ☐ NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Medical and mental health staff members shall receive annual specialized PREA training." (Page 8)

The Auditor reviewed the curriculum titled, "PREA-Specialized Medical/Mental Health Professional Training," dated May 2015. Program overview states, "This training class is for Medical and Mental Health Professionals working with the Missouri Department of Corrections (MDOC) and serves as review of the PREA standards and how they apply to Mental and Mental health professions/roles throughout the department. Course includes information on the federal Prison Rape Elimination Act Guidelines; a definition of PREA; its applicability to all MDOC staff; and definitions of offender sexual abuse." This is a 2-hour credit course.

Interview with medical staff supported receiving annual specialized training.

b) While onsite the Auditor was provided proof of certificates for SANE training for six nurses.

c) While onsite the Auditor reviewed 17 training records of medical and mental health staff and found all of them had received the annual specialized training and the required MDCO PREA training.

Based on the evidence provided through policy, staff interviews, and documentation review, PCC is found to have met the standard for specialized medical and mental health training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective

determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has three classifications determined by the Adult Internal Risk Assessment (AIRA): Alpha (High Risk of Abusiveness), Kappa (Low Risk for either Abusiveness or Victimization), or Sigma (High Risk of Victimization).

a, b, c) MDOC policy D1-8.13 states, "Facilities will assess offenders for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment in accordance with the institutional services procedure regarding diagnostic center reception and orientation, and probation and parole procedures regarding the community supervision center, the community release center, and contracted residential facilities. Offenders will be assessed within 72 hours of arrival." (Page 8)

All staff interviewed who perform the AIRA stated the initial assessment is done the first day at PCC. They also advised they have up to 72 hours to complete the initial assessment if they run into issues the first day through Reception and Orientation.

All inmates interviewed supported this practice.

d, e) AIRA contains the ten elements identified in these subsections.

Interviews with the staff who conduct the AIRA report the instrument considers age, build, weight, sexual orientation, institutional violence, criminal history and sex offenses.

f, g) MDOC policy states, "Offenders shall be reassessed within 30 days of arrival. The reassessment shall consider additional relevant information received by the facility after the initial intake screening.

The offender's risk level shall be reassessed when warranted due to a referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offender's risk of sexual victimization or abusiveness." (Page 9)

PCC DSOP1-8.13 states, "When the 72 hour or 30 day assessment cannot be completed, a memorandum shall be submitted to the PREA Site Coordinator indicating the offender's name and DOC Number, type of assessment, due date, and reason for delay. A follow-up memorandum is to be sent to the PREA Site Coordinator when the assessment has been completed." (Page 10) This same SOP also states, "When the 72 hour or 30 day assessment cannot be completed, a memorandum shall be submitted to the PREA Site Coordinator indicating the offender's name and DOC Number, type of assessment, due date, and reason for delay. A follow-up memorandum is to be sent to the PREA Site Coordinator when the assessment has been completed." (Page 10)

PCC has not had any assessment exceed the 72 hour or 30-day reassessment timeline. While onsite the Auditor reviewed the records of ten inmates and found all inmates had their initial assessment and 30-day assessment completed within the required timeframe.

h) MDOC policy states, "The offender shall not be disciplined for refusing to answer or not disclosing complete information during the assessment." (Page 9)

Interviews with risk assessment staff report inmates are not disciplined for refusing to participate or answer questions related to the AIRA.

Interviewed staff also report they have never experienced an inmate refusing to participate in the AIRA.

i) PCC has appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard.

MDOC has assigned security levels to specific job descriptions. Only classification and administration staff have the security level to access the questions on the AIRA. Security staff only have security permissions to access the final classification of Alpha, Kappa or Sigma.

Based on the evidence provided through policy, staff interviews, and documentation review, PCC is found to have met the standard for screening for risk and abusiveness.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A, b) MDOC policy IS5-2.3, Offender Internal Classification, dated March 17, 2019 states, "The department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines. Offenders placed in temporary administrative segregation confinement, administrative segregation confinement, disciplinary segregation confinement, protective custody, or transitional care units will be assigned a cell according to the offender's internal classification score. Staff members who supervise offenders in required activity assignments will utilize the internal classification score to monitor offenders in accordance with institutional services procedures regarding required activities." (Page 2)

Interviews with staff supported this practice.

The Warden stated, "The risk assessment use is mandated when it comes to assigned offenders to a room or cell. All case managers utilize the assessment and assign offenders cellmates based on the following standard: Alpha/Alpha; Alpha/Kappa; Kappa/Kappa; Kappa/Sigma; or Sigma/Sigma."

c, d, e, f, g) MDOC policy D1-8.13 states, "If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members. Housing assignment for transgender and intersex offenders will be made as outlined in this procedure, on a case-by-case basis by the institutional transgender or intersex committee or designee of the community confinement facilities to ensure the health and safety of the offender in accordance with the institutional services procedure regarding offender housing assignments, transgender and intersex offenders and the probation and parole procedure regarding risk assessment and housing assignments." (Page 9)

MDOC also utilizes a transgender committee to provide individualized decision making. MDOC policy D1-813 states, "Each institution will have a transgender committee to make informed decisions regarding the health and safety of transgender and intersex offenders assigned at that facility. The transgender committee shall meet with the offender upon arrival at the facility and every six months thereafter or more often if deemed necessary. The transgender committee will complete a written report within 10 working days of the offender's arrival at the facility and after each 6 month meeting. The report should be forwarded to the appropriate deputy division director of the division of adult institutions; the director of the division of rehabilitative service and the PREA manager for review and approval. A response should be made back to the transgender committee within 10 working days. The written decision shall be maintained in the offender's classification and medical records in accordance with departmental procedures regarding record retention. The transgender committee meeting and subsequent written report shall include the following: offender's view of his vulnerability within the general population, historical overview of the offender's transgender/intersex status, Include information regarding where the offender is in the transition process, amount of time living as a transgender, and the offender's concerns and views regarding the transition process and review of the offender adult internal risk assessment, The report should show the adult internal risk assessment was reviewed and whether the offender required a reassessment. If information is obtained which would affect the offender's classification, the offender will be reassessed utilizing the adult internal risk assessment. review of the offender's institutional adjustment, PREA allegations/investigations, review of programming assignments, recommendations regarding the offender's health and safety to include: housing assignment, Housing assignments for transgender or intersex offenders shall not be made based solely on genitalia but shall consider the offender's health and safety and the security of the facility through a review of the respective classification, medical and mental health records. The transgender or intersex offender's own views with respect to his safety shall be given serious consideration when determining housing. showering, Transgender or intersex offenders shall be offered the opportunity to shower separately from other offenders. special needs. If the contracted mental health provider recommends hormone replacement therapy the recommendation will be included in the transgender committee report. If specialized clothing, such as a support garment, is recommended, the recommendation shall be included in the report. A written doctor's recommendation shall accompany the report." (Page 11)

Interviews with staff who conduct the AIRA support this practice.

The Auditor interviewed two transgender inmates. Both inmates report meeting with the transgender committee and are not being housed solely based on their sexual identification.

h) PCC does not have dedicated wings to house gay, bisexual, transgender or intersex inmates.

Interviews with staff, administration and inmates confirm this practice.

Based on the evidence provided through policy, staff interviews, and documentation review, PCC is found to have met the standard for use of risk screening information.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?
☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During the previous 12-month reporting period PCC has not placed any victim in involuntary segregated housing due to a PREA event.

a, c, d) MDOC policy D1-8.13 states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least

restrictive options to ensure safety of the offender and the security of the institution include: return to assigned housing; temporary reassignment of staff members; assignment to another housing unit; and temporary segregated housing for protective custody needs. Segregated housing should not be considered as the first option to ensure safety of the victim. The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist form of the recommended housing option. If temporary administrative segregation confinement (TASC) is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding temporary administrative segregation confinement and administrative segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit.” (Page 16)

The Warden states, “We use Protective Custody as a last resort”.

b) There were no inmates assigned to temporary restrictive housing due to being at high risk of sexual victimization at the time of this audit.

e) This same policy states, “Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody.” (Page 16)

Based on the evidence provided through policy, staff interviews, and documentation review, PCC is found to have met the standard for protective custody.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No

- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) ☐ Yes ☐ No ☐ NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) PCC has multiple ways for inmates to report sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "Each facility's CAO or designee shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff member neglect, and violation of responsibilities that may have contributed to an incident of offender sexual abuse, to include but not limited to: informal resolution request (IRR), grievance process, or offender complaint, a staff member, PREA hotline, and advocacy agency. Offenders may make anonymous reports of allegations of offender sexual abuse to the Department of Public Safety, Crimes Victims Services Unit. All offender mail addressed to the Crimes Victims Services Unit shall be treated

as confidential mail and not subject to examination. Facilities shall maintain strict policies prohibiting mailroom staff from revealing to staff members or administrators the fact that an offender sent correspondence to the sexual abuse reporting entity. Allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure.” (Page 13)

MDOC does not house inmates solely for civil immigration purposes.

MDOC has a memorandum of understanding with the Missouri Department of Public Safety (DPS) which allows DPC to receive written correspondence of allegations of offender sexual abuse and harassment. This MOU was signed in 2014 is continuously renewed.

PCC has not received third-party or anonymous reports in the past 12 months.

All staff interviewed were able to describe multiple ways inmates could report sexual abuse.

All inmates interviewed reported they knew of multiple ways to report sexual abuse including using the PREA hotline, writing a kite and telling an officer.

d) This same policy also states, “Staff members may anonymously report allegations of offender sexual abuse, harassment, or retaliation utilizing the employee reporting hotline in accordance with department procedure regarding discrimination, harassment, retaliation, or unprofessional conduct.” (Page 13)

PCC staff may utilize the C.L.E.A.R (Confidential Line for Employee Allegations and Reporting) Line. Employees may call or email this service.

All staff interviewed reported they would not anonymously report sexual abuse or sexual harassment. They advised they would go directly to their supervisor.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, PCC is found to have met the standard for inmate reporting.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any

portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC/PCC is not exempt from this standard.

b, c) MDOC policy D1-8.13 states, "The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse. The department shall not impose a time limit for an offender submitting a grievance or complaint regarding an allegation of sexual abuse. The department may apply otherwise applicable time limits to any portion of a grievance or complaint that does not allege an incident of sexual abuse in accordance with the department procedure regarding offender grievance, institutional investigations, and office of professional standards." (Page 14)

MDOC policy D5-3.2, Offender Grievance, dated January 1, 2015 states, "There will be no time limit for submitting complaints regarding allegations of offender sexual abuse. All complaints regarding offender sexual abuse will be processed as outlined in accordance with this procedure. The department will not require an offender to use the informal grievance process, or to otherwise attempt to resolve with staff members, an alleged incident of offender sexual abuse. All informal resolution requests, offender grievances or offender grievance appeals containing allegations of offender sexual abuse, will be processed in the manner outlined in this section. An offender who alleges offender sexual abuse may submit an informal resolution request, offender grievance, or offender grievance appeal without submitting it to a staff member who is subject to the complaint. A staff member who is the subject of the complaint should not be the respondent. When the staff member responsible for processing informal resolution requests, offender grievances, or offender grievance appeals receives a complaint alleging offender sexual abuse, a copy of the form will be forwarded to the shift commander and the offender sexual abuse coordinated response will be initiated in accordance with the department procedure regarding PREA." (Pages 9, 16 -17)

d) MDOC policy D5-3.2 states, "Informal resolution request alleging sexual abuse will be processed normally with the exception of the following: A response should be completed as soon as practical, but no later than 30 calendar days of receipt. Offender grievances alleging sexual abuse will be processed normally with the following exceptions: the CAO or designee should respond within 30 calendar days of receipt. Computation of the 30 day time period will not include the days between the offender's receipt of the informal resolution request and receipt of the offender grievance by the grievance officer or designee. Offender grievance appeals alleging offender sexual abuse will be processed normally with the following exceptions: a response should be provided as soon as practical, but no later than 30 calendar days of receipt. Computation of the 30 day time period will not include the days between the offender's receipt of the offender grievance response and receipt of the offender grievance appeal by central office grievance staff members. Appeals will be referred to the deputy division director or designee. An extension of time to respond, of up to 70 days, may be claimed if the normal time period for response is insufficient to make an appropriate decision. The offender will be notified in writing of any such extension and will be provided a date by which a response will be provided. At any level of the administrative process, including the offender grievance appeal level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may proceed to the next level of the offender grievance process." (Page 17)

PCC has had no grievances filed alleging sexual abuse in the past 12 months.

PCC also utilizes a "Grievance PREA Tracking Log" to ensure timeframes are met.

e) This same policy states, "Third Party Reporting: Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in

filing requests for informal resolution requests, grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution. When a staff member receives a request from a third party to file a complaint via the offender grievance procedure on behalf of an offender regarding allegations of offender sexual abuse. The staff member will require the party making the complaint to submit such in writing. Administrative or case management staff members will then prepare a report of incident in accordance with procedure for possible investigation or inquiry. When a staff member receives the documentation from the reporting third party, it will be attached to an informal resolution request form and will immediately be recorded in accordance with this procedure. A copy of the documentation will also be forwarded to the CAO or designee in order to be attached to the possible investigation or inquiry. The case manager shall attempt to discuss the issue with the offender (victim) prior to developing a response to confirm if the alleged victim agrees to have the request filed on his behalf. If the offender declines to have the request process on his behalf, the case manager shall document the offender's decision in the discussion section of the informal resolution request form and the complaint shall be considered withdrawn for grievance purposes. If the offender agrees to have the request processed on his behalf, it will then be documented in the discussion section of the informal resolution request and will be processed normally in accordance with this procedure." (Pages 17 -18)

f) This same policy also states, "Allegations of offender sexual abuse by employees shall immediately be reported to the CAO or designee for possible investigation or inquiry. If the staff member who processes the informal resolution requests determines that it meets the definition of a PREA emergency complaint, the offender will be provided an informal resolution request form. Emergency informal resolution requests will be processed as follows: The offender will request an informal resolution request form from case management staff members and briefly state the issues and subject of complaint in accordance with this procedure. When a staff member receives the completed informal resolution request form from the offender, the staff member will record receipt of the form in accordance with this procedure and it will be taken to the CAO or designee immediately. Upon receipt of an informal resolution request from an offender, the CAO or designee may confer with the PREA site coordinator to make the determination if the informal resolution request should be handled as an emergency. The CAO or designee will prepare an initial response which will be attached to the informal resolution request and provided to the offender within 48 hours of receipt of the initial filing date. The offender will sign and date the response. A final response from the CAO or designee will be provided to the offender within 5 calendar days from the initial filing date. The offender will sign and date the form. The initial and final response for the informal resolution request shall document the department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency informal resolution request. If the offender is unsatisfied with the final response for the informal resolution request and chooses to file a grievance, an offender grievance form will be provided. The grievance or grievance appeal will then be processed as a non-emergency PREA complaint as noted in this procedure." (Pages 18 – 19)

g) The grievance policy also states, "No reprisals shall be taken against any offender for use of, or participation in, the offender grievance procedure. Offenders may be held accountable for misusing or abusing the offender grievance procedure as stated in this procedure. This action is not considered a reprisal...All offenders are encouraged to utilize this procedure for the redress of grievances; however, offender must refrain from knowingly and deliberately filing improper, duplicative, expanded or frivolous IRR, offender grievances or offender grievance appeals." (Pages 4, 5)

Based on the evidence provided through policy, staff interviews, and documentation review, PCC is found to have met the standard for exhausting administrative remedies.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c) MDOC policy D1-8.13 states, “Each facility shall offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility shall attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department’s procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt shall be documented and advocacy services shall be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. All staff members serving as a designated victim advocate for offenders shall receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims shall be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee shall serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee shall ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety shall receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous to the PREA unit. Offenders shall be allowed to communicate with an advocate by mail or special visit in a confidential manner as possible to maintain safety and security of the institution. Offenders shall be informed before being given access to a victim advocate, the extent to which communications shall be monitored and the extent to which reports of abuse shall be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates shall be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits shall be arranged through the PREA site coordinator or designee. Facilities shall make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations.” (Pages 20 -21)

For inmates who are placed in restrictive housing, they are provided a PREA flyer with the addresses of Just Detention International and Rape, Abuse and Incest National Network (RAINN). Inmates at PCC can contact these agencies for emotional support. The flyer is available in English and Spanish.

MDOC has a Memorandum of Understanding (MOU) in place with Southeast Missouri Family Violence Council to provide community advocacy services to PCC. This MOU was signed in 2013 and remains in effect.

The Auditor interviewed three inmates who reported sexual abuse. These inmates reported being offered advocacy services.

Interview with inmates reported they knew there were services available to them outside of the facility; however, they could not name the resource. Most stated they seen that information in the PREA flyer they received at intake or they knew their family could get them that information.

Based on the evidence provided through policy, staff interviews, and documentation review, PCC is found to have met the standard for inmates’ access to outside confidential resources.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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a) Methods to report sexual abuse and harassment are made available to the public via the Department's website which you can access at <http://doc.mo.gov/OD/PREA.php>.

PCC also has posters in visitation that outline ways for friends and family to report sexual abuse or sexual harassment.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, PCC is found to have met the standard for third-party reporting.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, c, d, e) MDOC policy D1-8.13 states, "Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. Medical and mental health staff members shall inform offenders at the initiation of services of the practitioner's duty to report in accordance with statutes." (Page 6)

Missouri Revised Statute Chapter 217, Department of Corrections, Section 217.410, outlines staff duty to report.

Missouri Revised Statute Chapter 630, Department of Mental Health, Section 603.005, defines a vulnerable person as any person in the custody, care, or control of the department that is receiving services from an operated, funded, licensed, or certified program. Section 630.163 also outlines staff duty to report.

All staff interviewed reported they were mandated reporters of sexual abuse and sexual harassment. Staff reported failure to report could result in disciplinary action up to termination. Many staff also reported there could be legal repercussions for failing to report sexual abuse or sexual harassment of inmates.

Medical staff also reported they are mandated reporters of sexual abuse. They also state informed consent is part of the process.

Medical and mental health staff have had no reports of sexual abuse from offenders in the past 12 months.

b) This same policy states, "Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions." (Page 6)

All staff interviewed state "confidentiality" and "zero-tolerance" are stressed during training.

Based on the evidence provided through policy, staff interviews, and documentation review, PCC is found to have met the standard for staff and agency reporting duties.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC policy D1-8.13 states, "When an offender is believed to be in substantial risk of victimization, the shift commander shall assess the offender to ensure housing in the least restrictive housing. "If TASC is determined to be the least restrictive housing the shift commander shall note on the TASC order the offender is being placed in segregated housing due to a PREA risk. The offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units." (Page 17)

All staff interviewed reported they would notify their supervisor immediately if they learned of an inmate who may be in imminent danger. They also reported they would also pull that inmate aside to ensure their safety will notifying their supervisor.

Based on the evidence provided through policy, staff interviews, and documentation review, PCC is found to have met the standard for agency protection duties.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.1 states, "Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Page 9)

PCC received two reports for sexual abuse from another confinement facility. The Auditor reviewed documentation and found the coordinated response was initiated in a timely manner. Both allegations were referred for investigation.

PCC has received any incidents requiring notifications to an outside agency in the past 12 months.

The Warden reported, "Upon receiving information that an offender has been sexually abused while assigned at another department facility, the coordinated response for offender sexual abuse shall be immediately initiated by the shift commander. If the alleged abuse occurred at a facility outside the department, the notification checklist shall be forwarded to the department's PREA manager. The PREA manager shall ensure notification to the facility is made with 72 hours."

Based on the evidence provided through policy, staff interviews, and documentation review, PCC is found to have met the standard for reporting to other confinement facilities.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) MDOC policy D1-8.13 outlines staff first responder requirements. The policy states, "3. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. If the allegation is reported directly to a facility administrator, the administrator can initiate the coordinated response to ensure confidentiality utilizing the notification checklist. In the event of an allegation of a penetration act, the first responder shall take the following steps. (1) Ensure the safety of the victim. (2) Request

the victim not to take any actions that may destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable. (3) To the extent possible, ensure the alleged perpetrator does not take any actions that could destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The shift commander or shift supervisor shall make telephone notifications and respond as outlined in the division's coordinated response to offender sexual abuse protocol. In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol.” (Pages 15 -16)

PCC requires staff, volunteers, and contractors to follow the same protocol. Every person who has contact with inmates are issued a “First Responder Card” which outlines the protocol everyone must follow.

In the past twelve months four (4) non-security staff have acted as first responders. In all four instances, security staff was notified.

All staff interviewed were able to articulate the facilities requirements as a first responder. Most staff showed the Auditor their card.

All volunteers interviewed supported the practice of first responder duties as outlined in MDOC policy.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, PCC is found to have exceeded the standard for staff first responder duties.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) PCC has formalized Coordinated Response plan in place for staff, volunteers and contractors. This plan echoes the requirements found in MDOC policy D1-8.13.

The Auditor reviewed ten closed PREA investigations and found the coordinated response had been initiated in each one according to policy and this standard.

All staff interviewed were able to explain the coordinated response to the Auditor.

Based on the evidence provided through policy, staff interviews, and documentation review, PCC is found to have met the standard for coordinated response.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) The Department of Corrections Division of Adult Institutions and the Missouri Corrections Officers Association (MOCOA) Corrections I and II Bargaining Unit have entered into an agreement that permits

the agency to remove alleged staff sexual abusers from contact with any inmates pending an investigation or a determination of whether and to what extent discipline is warranted.

This agreement ended in 2018, however, MDOC is currently working with MOCOIA to renew the agreement. While this is pending, MDOC is honoring the 2018 agreement.

Based on the evidence provided through policy, staff interviews, and documentation review, PCC is found to have met the standard for the preservation of ability to protect inmates from contact with abusers.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC policy D1-8.13 establishes procedures for monitoring retaliation. This policy states, "The PREA site coordinator shall ensure all victims and reporters and those that cooperate with offender sexual abuse and harassment investigations or inquiries are monitored and protected from retaliation." (Page 14)

b, c, d, e, f) MDOC policy D1-8.13 states, "Following any reported incident of sexual abuse or harassment, monitoring for retaliation shall be conducted in the following manner: The alleged victim of offender sexual abuse shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation. Monitoring shall include face-to-face status checks by a staff members a minimum of every 30 days. The assessment-retaliation status checklist form shall be used during each of the assessment interviews. If the victim expresses fear of retaliation, monitoring shall continue for an additional 90 day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded. The PREA site coordinator or designee shall ensure individuals receive an initial assessment utilizing the assessment-retaliation status checklist form when they report and cooperate with offender sexual abuse or sexual harassment investigations or inquiries. Reporters or witnesses who voice they have no concerns regarding potential retaliation shall not receive further monitoring. Reporters and witnesses shall sign the assessment-retaliation status checklist form showing they have no concerns regarding potential retaliation. The PREA site coordinator shall report all evidence of retaliation to the CAO or designee to ensure an inquiry or investigation is initiated in accordance with department procedures regarding office of professional standards and institutional investigators. If possible retaliation is suggested, the PREA site coordinator shall act promptly to remedy any such retaliation and protect the individual." (Page 14)

This same policy also states, "The PREA site coordinator shall ensure victims, reporters, and witnesses that report a fear of retaliation or possible victims of retaliation be offered emotional support services. Emotional services for offender victims, reporters, or witnesses include but are not limited to a referral to mental health, chaplain, or advocacy when appropriate. Emotional services for staff member reporters or witnesses include but are not limited to, the employee assistance program, peer action and care team referral, and/or chaplain referral. All action taken to remedy retaliation or services offered to the victims or suspected victims shall be noted on the assessment-retaliation status checklist form. In the event that a victim is transferred during a period of monitoring, the PREA site coordinator shall forward the assessment-retaliation status checklist form to the PREA site coordinator in the receiving institution. The PREA site coordinator at the receiving institution shall ensure monitoring continues as outlined in this procedure. The PREA site coordinator shall ensure the completed assessment-retaliation status checklist form is returned to the originating institution to be filed in the PREA incident file for future audits. If released to a community confinement facility monitoring shall continue. If released to a field probation and parole office, monitoring shall stop. In the event the allegations are determined to be unfounded the agency shall terminate monitoring. (Pages 14, 15)

The Site Coordinator is responsible for monitoring retaliation at PCC. Until this position is filled, the Warden will remain the Site Coordinator.

The Auditor reviewed three retaliation packets and found all monitoring followed MDOC policy and requirements in this standard.

Based on the evidence provided through policy, staff interviews, and documentation review, PCC is found to have met the standard for monitoring retaliation.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC policy D1-8.13 states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include: Return to assigned housing. Temporary reassignment of staff members. Assignment to another housing unit. Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim). The assessment shall consider the allegation or threat and the safety of the victim and institution." (Page 16)

This same policy continues, "If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody. (Page 17)

PCC did not have any inmates placed in restrictive housing due to post-allegation protective custody.

The Warden states, "We use Protective Custody as a last resort".

Based on the evidence provided through policy, staff interviews, and documentation review, PCC is found to have met the standard for post-allegation protective custody.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The PREA Unit in the Offender of Professional Standards conducts all offender sexual abuse investigations. Sexual harassment and allegations involving searches are conducted by trained institutional investigators.

a, d, e, f, g, h, j) MDOC policy D1-8.1, Office of Professional Standards, states, "All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. Upon receiving a report of offender sexual abuse, including staff on offender and offender on offender, the CAO or designee shall ensure the allegation is forwarded to the PREA unit within 2 business days of receipt. Allegations involving offender sexual harassment or offender abuse related to pat searches will be addressed as outlined in the institutional investigators procedure. Within 2 business days of receipt, the PREA unit will determine if the allegation meets PREA definitions or if additional information is needed. If additional information is needed the PREA unit will contact the PREA site coordinator to request the additional information. A written report will be created at the conclusion of any inquiry or investigation and a copy will be provided to CAO and division director or designee. Any action taken as a result of an inquiry or investigation shall be reported to the PREA unit within 5 business days of receiving the report. Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Pages 8, 9)

b) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Gerrity, sexual abuse evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA: Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator and one facility investigator. The PREA Unit Investigator received the required specialized training through the PREA Resource Center. Both investigators also received the required basic PREA training required by all staff.

The Auditor reviewed ten administrative files and found they met all requirements of MDOC policy and this standard.

c) MDOC policy D1-8.8, Evidence Collection, Accountability and Disposal, outlines the agency's requirements in gathering and preserving direct and circumstantial evidence.

Interviews with investigators report they would collect video surveillance, phone calls, logs and interviews as evidence in many cases of sexual harassment. When asked about criminal cases, the Auditor advised in addition to what was already mentioned they would take photographs and collect DNA.

i) MDOC retains all investigative files for 90 years.

Based on the evidence provided through policy, staff interviews, and documentation review, PCC is found to have met the standard for criminal and administrative investigations.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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a) MDOC policy D1-8.13 defines the Preponderance of Evidence as enough proof to show that something is more likely to have occurred than not to have occurred. This same policy also states,

“Administrative investigations shall impose no standard higher than the preponderance of evidence in determining whether an allegation of offender sexual abuse or harassment is substantiated.”

All investigators interviewed reported they use the preponderance of evidence (51%) to determine proof.

Based on the evidence provided through policy, staff interviews, and documentation review, PCC is found to have met the standard for evidentiary standard for administrative investigations.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

115.73 (c)

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate’s unit? ☒ Yes ☐ No
- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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a) MDOC policy D1-8.13 states, " Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA manager shall make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification form or the alleged sexual abuse by staff member notification form. Notification shall not be made to the offender following an investigation or inquiry regarding sexual harassment." (Pages 20, 21)

All investigators interviewed reported notification is made to all inmates in the case of sexual abuse. They advise if the inmate leaves the facility the attempt at notification is still made.

b) NA MDOC/PCC is responsible for conducting administrative and criminal investigations.

c) This same policy states, "All subsequent notifications shall be made when: Staff member on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs (unless the inquiry or investigation is unfounded): The staff member perpetrator is no longer assigned to the housing unit. The staff member perpetrator is no longer employed by the department. The staff member perpetrator has been indicted on a charge related to sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution." (Page 21)

The Auditor interviewed three inmates who reported sexual abuse. While they reported they were not notified of the outcome of their allegations, the Auditor reviewed the investigation files and found notifications were made and signed by the inmates.

d) This policy also states, "Offender on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs. The offender has been indicted on a charge related to sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution." (Page 21)

The Auditor interviewed three inmates who reported sexual abuse. While they reported they were not notified of the outcome of their allegations, the Auditor reviewed the investigation files and found notifications were made and signed by the inmates.

e, f) MDOC D1-8.13 states, "The departmental PREA manager shall forward the written notification to the offender via the PREA site coordinator. The PREA site coordinator shall ensure that the written notification is provided to the offender in a confidential manner. The original notification shall be signed by the offender and witnessed by a staff member. The offender shall be offered a copy of the letter, but shall have the right to decline the letter. The original notification shall be forwarded to the department's PREA manager for tracking. In the event the offender has been released from custody and is not being housed in the community release center or the community supervision center and the duty to report ends." (Page 21)

Based on the evidence provided through policy, staff interviews, and documentation review, PCC is found to have met the standard for reporting to inmates.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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PCC has not had any investigation or instance where a staff member was terminated following a substantiated investigation during or reported to any law enforcement agency.

a, b, c, d) MDOC policy D2-9.1 Employee Discipline, dated May 1, 2019, outlines MDOC disciplinary process for all employees.

MDOC policy D1-8.13 states, "Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures. Termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All terminations for violations or the resignation of a staff member, who would have been terminated if not for their resignation, shall be reported to relevant licensing or accreditation bodies and law enforcement." (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, PCC is found to have met the standard for disciplinary sanctions for staff.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC policy D1.8.13 states, "Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law enforcement. The CAO or designee of the department facility or contracted facility shall take appropriate measures and consider whether to prohibit further contact with offenders in the case of any other violations." (Page 24)

The Warden states, "We would restrict them from the institution while being investigated."

Based on the evidence provided through policy, staff interviews, and documentation review, PCC is found to have met the standard for corrective action for volunteer and contractors.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Offenders shall be subject to disciplinary sanctions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt when the offender engaged in offender on offender sexual abuse in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

b) This same policy states, "Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

c) This policy states, "The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

d) MDOC policy states, "Is found guilty of sexual abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff members, as available, in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

Interviews with health services reveals referrals are being made by staff when it comes to sexual abuse.

e) This same policy states, "An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 24)

f) All staff interviewed report they received information in training regarding good faith reports. They advised training covered inmates being free from punishment for making a report of sexual abuse or sexual harassment.

g) MDOC policy states, "The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders shall not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, PCC is found to have met the standard for disciplinary sanctions for inmates.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
☒ Yes ☐ No ☐ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PCC has not had any instances where prior sexual abuse that occurred outside of a correctional facility was reported to the authorities during this reporting period

a, b, c, d, e) MDOC policy IS11-32, Receiving Screening – Intake Center, dated December 10, 2016 states, "If the screening identifies a need for immediate mental health intervention, a call will be made by the staff person identifying the need to the QMHP and follow up with a completed referral and screening note-health services form. If during the screening, the offender reports being sexually abused within the last 72 hours or if a forensic exam is deemed medically necessary, the coordinated response to offender sexual abuse will be initiated in accordance with departmental procedures regarding offender sexual abuse and harassment.

If the screening indicates the offender has experienced prior sexual victimization whether in the community or in a correctional setting and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated and the offender will be offered a meeting with a mental health practitioner within 14 days of the intake screening. If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a meeting with a QMHP within 14 days of the intake screening." (Page 3)

The Auditor interviewed two inmates who reported sexual abuse during the AIRA. They all advised they were offered mental health services immediately following the assessment.

Staff who conduct AIRA report there are certain questions that will trigger a mental health referral. They all report mental health is quick to respond.

Auditor reviewed ten completed AIRA's. Based on the requirements listed in the PREA Risk Assessment Manual, mental health referrals are required. Auditor reviewed documentation showing referrals were made to mental health.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, PCC is found to have met the standard for medical and mental health screenings, history of sexual abuse.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment." (Page 17)

Health services report medical services are provided as soon as they are notified.

b) Medical and mental staff are available 24 hours a day, seven days a week to inmates of PCC.

This same MDOC policy states, "If no qualified medical or mental health practitioners are on duty at the time a report of a penetration event that occurred within 120 hours within a correctional facility, or 92 hours within a community confinement facility, custody staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners." (Page 17)

c) This same policy states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate." (Page 18)

Health services advise they will follow any treatment plans coming out of the SANE exam and will even develop treatment plans that will follow the inmate upon transfer to another facility.

d) All medical and mental health services are offered at not cost to the inmate or perpetrator of sexual abuse as done per policy in MDOC D1-8.13.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, PCC is found to have met the standard for access to emergency medical and mental health services.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether*

such individuals may be in the population and whether this provision may apply in specific circumstances.) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PCC had no instance where the perpetrator of sexual abuse was referred to mental health.

a, f) PCC offers medical and mental health services and treatment to all inmates who have been victims of sexual abuse. This offered onsite 24 hours a day, seven days a week.

MDOC policy D1-8.13 states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate." (Page 17)

b, h) PCC offers follow up medical and mental health services as needed to all inmates who have been victims of sexual abuse.

MDOC policy D1-8.13 states, "Each victim and abuser shall be offered medical and mental health evaluations, and as appropriate, treatment to include appropriate follow-up services and treatment plans. When necessary, referrals shall be completed for continued care following their transfer to, or placement in, other facilities or their release from custody." (Page 17)

Health services report that while they have specific protocols they must follow, they are allowed to use some judgement when treating victims of sexual abuse.

c) PCC offers medical and mental health services consistent with community level of care.

This same policy also states, "Victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services." (Page 17)

Health services staff believe there level of care exceeds what is provided in the community due to the immediate response of their department.

d, e) NA PCC is an all-male facility.

g) All medical and mental health services are offered at not cost to the inmate or perpetrator of sexual abuse per MDOC policy D1-8.13.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, PCC is found to have met the standard for ongoing medical and mental health care for sexual abuse victims and abusers.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?
☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PCC has no substantiated sexual abuse investigations during this reporting period.

a, b, c, d, e) MDOC policy D1-8.13 states, "Each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded. Debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry. The review team for offender sexual abuse events shall include the PREA site coordinator, and other upper level administrators, when applicable, with input from the shift supervisor, investigators, and medical or mental health practitioners, when applicable. A complete written report shall be prepared by the CAO or designee outlining in detail the findings of the debriefing sessions and recommendations for improvements utilizing the PREA sexual abuse debriefing form. The facility shall implement the recommendations for improvement, or shall document its reasons why recommendations shall not be implemented. A copy of the debriefing shall be submitted electronically to the assistant director and the PREA manager. A copy of the report shall be filed in the institutional PREA event file." (Page 20)

PCC SOP/D1-8.13 states, "The review team will consist of the PREA site coordinator, warden, regional PREA investigations manager, health services administrator/designee, and other staff deemed necessary for the review by the PREA coordinator or warden." (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, PCC is found to have met the standard for sexual abuse incident reviews.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☐ Yes ☐ No ☒ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC policy D1-8.13 states, "Annual Site Report: Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA manager by the last working day in March. The report shall include: identified problem areas, recommendations for improvement, corrective action taken, if recommendations for improvements were not implemented, reasons for not doing so, a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse, an evaluation of the need for camera and monitoring systems, in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to: the staffing plan, the deployment of video monitors, and the resource availability to adhere to the staffing plan. The yearly report shall be submitted to the division director and the department PREA manager no later than the last working day in March. The PREA manager shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall

indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website.” (Page 24, 25)

e) NA Neither MDOC nor PCC contracts for placement of inmates in their custody.

f) NA DOJ has not requested agency data.

The Statewide PREA Coordinator reports, “Historically, the data needed to complete the annual Survey of Sexual Violence was collected in the Corrections Information Network [COIN] system. Beginning in January 2019, the Department deployed our new database for investigations, the Investigative Report Intelligence System [IRIS] which is now the Department's data collection system for all investigations conducted within the Department.”

The Auditor reviewed the 2016, 2017, 2018 MDOC PREA Annual Reports and the 2018 Survey of Sexual Victimization. In addition, the Auditor was provided a copy of PCC's 2019 PREA Annual Report.

Based on the evidence provided through policy, staff interviews, and documentation review, PCC is found to have met the standard for data collection.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC policy D1-8.13 states, "The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

The Auditor reviewed the 2016, 2017, 2018 MDOC PREA Annual Reports and the 2018 Survey of Sexual Victimization. In addition, the Auditor was provided a copy of PCC's 2019 PREA Annual Report.

The PREA Site Coordinator reports, "Historically, the data needed to complete the annual Survey of Sexual Violence was collected in the Corrections Information Network [COIN] system. Beginning in January 2019, the Department deployed our new database for investigations, the Investigative Report Intelligence System [IRIS] which is now the Department's data collection system for all investigations conducted within the Department."

Based on the evidence provided through policy, staff interviews, and documentation review, PCC is found to have met the standard for data review for corrective action.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) The Site Coordinator keeps all investigations, data tracking forms, monthly statistic reports secured in a locked file cabinet.

b) MDOC policy D1-8.13 states, "The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

Auditor reviewed the MDOC 2016, 2017 and 2018 PREA Annual Report. These reports contained information on the progress the department made in the previous years in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

c) This same policy states, "The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited." (Page 25)

d) According the Agency Records Disposition Schedule (Inspector General Section) , this information is retained for five years, and then it is destroyed.

Based on the evidence provided through policy, staff interviews, and documentation review, PCC is found to have met the standard for data storage, publication, and destruction.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) During the prior three-year audit period, MDOC ensured each of their facilities was audited at least once.
- b) This is the second year of the current audit cycle, MDOC ensured at least one-third of their facilities was audited during the first year of the current audit cycle.
- h) The auditor had access to, and the ability to observe, all areas of PCC.
- i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information) needed to complete the audit.
- m) The Auditor permitted to conduct private interviews with inmates and staff.
- n) Inmates permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. The Auditor received no letters from PCC inmates.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, PCC is found to have met the standard for frequency and scope of audit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

It's clear that PCC believes that incarcerated individuals have the right to be free from sexual abuse and sexual harassment. This zero-tolerance culture is evident in the policies of the agency, the actions of PCC leadership as well as the knowledge the staff demonstrated of PREA. PCC leadership was very open with the Auditor and wanted the Auditor's input. Staff was able to articulate the agencies coordinated response to sexual abuse and harassment.

The overall theme of the interviews with inmates included feeling safe at the facility and the belief that staff takes reports of sexual abuse seriously. The inmates were able to explain how to report incidents of sexual abuse and harassment and were able to discuss how they were exposed to PREA education upon intake. While some stated they could not remember the PREA video in its entirety, they did remember viewing it. All inmates reported they knew that opposite gender staff announced themselves at the beginning of each shift. Several inmate interviews indicated that once a PREA allegation was made, the victim was immediately placed in segregation. The Auditor reviewed additional random files while on site which are maintained by the Site Coordinator and found that this was not the practice of PCC.

Staff knew their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff was able to articulate the coordinated response to sexual abuse and harassment. They knew to separate the victim from the alleged perpetrator, secure the scene and to contact their

supervisor. They stated that all reports would be documented by the end of shift. They also stated that if they received knowledge of someone being in imminent danger they would immediately secure the safety of that individual. It is clear that there is a zero –tolerance culture at PCC.

Interviews with specialized staff were completed and the results were positive and supported the zero-tolerance culture. Each knew their role and responsibilities as it pertains to PREA compliance and documentation. They articulated the coordinated response and the expectations that staff would follow all policies. Administrative staff was very open to any suggestions the Auditor presented during the tour and the exit meeting.

Documentation provided in the pre-audit questionnaire was well organized and easy to read. PCC was found to be in compliance with all PREA standards.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

/s/ Elisabeth M. Copeland

September 11, 2020

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report February 16, 2020

Auditor Information

Name: Elisabeth Copeland	Email: lisa@preaauditing.com
Company Name: PREA Auditors of America, LLC	
Mailing Address: 14506 Lakeside View Way	City, State, Zip: Cypress, TX 77429
Telephone: 713-818-9098	Date of Facility Visit: January 21 -23, 2020

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Missouri Department of Corrections		State of Missouri	
Physical Address: 2729 Plaza Drive		City, State, Zip: Jefferson City, MO 65102	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: http://docintranet.ads.state.mo.us/Division/OD/PREA.htm			

Agency Chief Executive Officer

Name: Anne Precythe	
Email: Anne.Precythe@doc.mo.gov	Telephone: 573-526-6607

Agency-Wide PREA Coordinator

Name: Vevia Sturm	
Email: Vevia.Sturm@doc.mo.gov	Telephone: 573-522-3335
PREA Coordinator Reports to: Matt Briesacher, Office of Professional Standards	Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility: Western Missouri Correctional Center

Physical Address: 609 E Pence Road

City, State, Zip: Cameron, MO 64429

Mailing Address (if different from above):
Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☒ State

☐ Federal

Facility Type:

☒ Prison

☐ Jail

Facility Website with PREA Information: <http://docintranet.ads.state.mo.us/Division/OD/PREA.htm>

Has the facility been accredited within the past 3 years? ☒ Yes ☐ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐ ACA

☒ NCCHC

☐ CALEA

☐ Other (please name or describe: [Click or tap here to enter text.](#))

☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
No

Warden/Jail Administrator/Sheriff/Director

Name: Sherie Korneman

Email: Sherie.Korneman@doc.mo.gov

Telephone: 816-632-1390, ext. 2101

Facility PREA Compliance Manager

Name: Christopher Brewer

Email: Christopher.Brewer@doc.mo.gov

Telephone: 816-632-1390, ext. 2114

Facility Health Service Administrator ☐ N/A

Name: Jaci Carey

Email: Jaci.Carey@corizonhealth.com

Telephone: 816-632-1390, ext. 4117

Facility Characteristics		
Designated Facility Capacity:	1800	
Current Population of Facility:	1758	
Average daily population for the past 12 months:	1363	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18 to over 95	
Average length of stay or time under supervision:	12 months	
Facility security levels/inmate custody levels:	C-1, C-2, C-5/ Minimum to Maximum	
Number of inmates admitted to facility during the past 12 months:	1277	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1183	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1063	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	683	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	268
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	4
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	114
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	78
Physical Plant	
Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	25
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	11
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	10
Number of open bay/dorm housing units:	9
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	200
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams		
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)	
Investigations		
Criminal Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	10	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	
Administrative Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	10 Agency, 1 facility	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

PRE-AUDIT

A Notice of PREA Audit was sent to Western Missouri Correctional Center (WMCC) on December 10, 2019 via the Site Coordinator, Christopher Brewer, and the Missouri Department of Corrections Statewide PREA Coordinator, Vevia Sturm. Notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditor and advised staff and offenders that the onsite portion of the PREA audit will be conducted on January 21 -23, 2020. At this time, this Auditor requested the pre-audit questionnaire (PAQ) be sent to during the week of December 30, 2019.

On January 3, 2020, this Auditor received a flash drive containing WMCC's Pre-Audit Questionnaire. The flash drive contained department and agency policies, curriculum and other supporting documentation. The files were divided up by standard and were easy to read and navigate.

The Auditor reviewed the provided documentation and began completing the Auditor's Compliance Tool to determine a baseline for compliance and to formulate questions for the onsite portion of the audit.

On January 17, 2020, a tentative agenda for the PREA audit was sent the Site Coordinator and the PREA Coordinator for MDOC. This agenda outlined the when the auditing would be on site, the types of staff and inmates that would be interviewed and when the audit would conclude. The Site Coordinator was advised of which specialized staff would be interviewed as well as which specialized inmate populations would be interviewed.

ONSITE

The Auditor was greeted and given a history and the layout of the facility by Warden Sherie Korneman and Deputy Warden (Site Coordinator) Christopher Brewer as well as other Executive Team members. After the initial meeting, a detailed tour was provided to the Auditor.

Warden Sherie Korneman and Site Coordinator Christopher Brewer lead the onsite tour. The tour began with Central Services and ended with the housing units. The Auditor viewed camera placements, showers/restrooms and observed cross-gendered announcements being made to offenders in the housing units. PREA reporting information was clearly marked on bulletin boards in each living unit. In all living units' toilets and shower stalls all had appropriate coverings. The "Notice of PREA Audit" was also clearly visible throughout the tour.

In addition to the living units, intake, medical area, outside recreation, inside recreation, dining areas, library, programs, and control posts were also toured. PREA reporting information in English and Spanish were found on every bulletin board and were clearly marked.

Immediately after the tour, the Site Coordinator provided the Auditor with staff rosters from all three shifts and provided a list of specialized staff. The Auditor then randomly selected from each shift, as well as established times to interview specialized staff.

The Site Coordinator provided the auditor with housing unit rosters. In reviewing the housing rosters the auditor randomly selected three inmates from each unit for random inmate interviews and selected inmates for the targeted protocols. Based on the available inmate population, inmates were selected for the following targeted protocols: Inmates with a Physical Disability, Limited English Proficient inmates, Gay and Bisexual inmates, Transgender inmates, Inmates who Reported Sexual Abuse and Inmates who Reported Sexual Abuse During the Risk Screening. A total of 44 inmates were selected to be interviewed; include the two inmates who wrote letters to the Auditor. Three inmates refused to be interviewed. WMCC provided confidential locations in the training center for the auditing team to interview inmates.

WMCC provided appropriate accommodations for the Auditor to conduct inmate and staff interviews. The auditor was given access to staff files, inmate files and any documentation that was requested. Facility staff was great to work with and were very accommodating. The Site Coordinator and Warden were readily available to answer any questions and assist in any way. Staff at WMCC was extremely helpful and polite throughout the entire process and escorted the Auditor throughout the facility.

Auditors interviewed a total of 41 inmates that had various lengths of stay. In addition, the Auditor interviewed a total of 34 staff to include the Site Coordinator, Mental Health Staff, Medical Staff, Human Resources, Grievance Officer, Upper Level Supervisors, Intake Staff, Staff who Perform Risk Screening, Volunteers, staff who Monitor Retaliation, members of the Debrief Team, Investigators, as well as random staff from all shifts.

Prior to the exit interview, the Auditor reviewed onsite documentation.

POST AUDIT

After the onsite portion of the PREA audit, this Auditor reviewed the notes from the tour; all interviews conducted and did another review of the supporting documentation. Work on the final audit report began.

On February 17, 2020, the PREA audit report was sent to the Warden and Deputy Warden of WMCC, as well as, the statewide PREA coordinator for approval before being submitted to the PREA Resource Center.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Western Missouri Correctional Center (WMCC) is in Cameron, Missouri. Western Missouri Correctional Center (WMCC) is located on 385 acres in Cameron, Missouri. Construction began in June of 1986 and received its first offenders on November 10, 1988. WMCC, at that time, was a medium security prison.

In 2018, Crossroads Correctional Center, a maximum-security housing roughly 900 offenders, was consolidated with WMCC. During the consolidation, half of Western was converted to a maximum facility prison. The facility has a central service building right down the middle so they will be able to separate the maximum side from the medium side, with no mixing of the two inmate populations.

This institutional design features a Central Services building which dually serves both portions of the offender population. All support services including the warehouse, food services warehouse, food service preparation and dining areas, chapel, laundry, property room, education, library, medical and dental services are in this building to service the population. The institution's design also includes multiple recreation and visiting areas. WMCC has 25 buildings including ten multiple occupancy cell housing units. This is also included 200 segregation cells. There are no open bay/dorm housing units.

WMCC receives offenders sentenced to the Missouri Department Corrections. WMCC also houses probation/parole returns as well as those offenders sentenced to treatment.

The current population at WMCC is 1,758 adult male offenders. During the past 12 months 1,277 offenders have been admitted to this facility. Of this number, 1,183 admitted to WMCC had a length of stay longer than thirty days. The age of the current offender populations ranges from 18 to 95 with custody levels ranging from C-1, C-2, and C-5 (minimum custody to maximum custody).

WMCC has 683 employees who have contact with the offender population. This staff is responsible for the security of all buildings located at WMCC. In addition to its 683 employees, WMCC also has 78 volunteers and 114 individual contractors who are currently authorized to enter the facility. There are 10 investigators across the State of Missouri with one facility investigator at WMCC.

WMCC is located within a secure perimeter. The facility has the official capacity to house 1,800 offenders.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 2
List of Standards Exceeded: 115.11, 115.64

Standards Met

Number of Standards Met: 42

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: NA

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019 outlines the agencies approach to preventing, detecting and responding to sexual abuse and sexual harassment of individuals confined at all of its' facilities. This same policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment. This mandate can be found on page 5 of this policy. It states, "All department staff members, contractors, or volunteers shall not engage in abuse or sexual harassment of an offender which includes sexual contact with or without the offender's consent. The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation. Staff members shall communicate professionally with all offenders, including gender non-conforming offenders in accordance with institutional services procedures regarding transgender and intersex offenders. Offender sexual abuse by a department staff member is a felony and could result in the requirement to register as a sex offender."

The MDOC Employee Handbook states, "When any employee of the Department has reason to believe that an offender has been abused, the employee must immediately report all pertinent details in writing to the Department Director. Failure to report offender abuse is a class A misdemeanor.

A Department employee who works at a correctional center commits the crime of sexual contact with an offender by having sexual intercourse or deviate sexual intercourse with an offender confined in a correctional center. A probation and parole officer commits the crime of sexual contact with an offender if the officer has sexual intercourse or deviate sexual intercourse with an offender who is under the supervision of the officer. (Deviate sexual intercourse is a very broad term that is not limited to intercourse; it includes other forms of physical contact of a sexual nature.) The offender's consent is not a defense to this crime. Sexual contact with an offender is a class D felony, which carries a maximum sentence of incarceration for four years." (Page 20)

This same policy also provides definitions of prohibited behavior regarding sexual abuse and sexual harassment on pages 2 and 3 under "Definitions" in Section II.

(b) Policy D1-8.13 also designates an upper-level, agency wide PREA Coordinator. Page 5 of this policy states, "To ensure compliance with the Prison Rape Elimination Act (PREA), the department shall employ a full-time PREA manager responsible for implementation and oversight of the department's efforts to prevent, detect, and respond to offender sexual abuse, harassment, and retaliation." The agency wide PREA Coordinator is located in MDOC's Central Office in Jefferson City and reports directly to the Office of Professional Standards, which in turn, reports to the Director of MDOC. The Auditor was provided a copy of MDOC's organizational chart outlining this chain of command.

While the agency wide PREA Coordinator does not directly supervise the 21 PREA Site Coordinators (one PREA Site Coordinator per adult state institutions in Missouri) the agency wide PREA Coordinator communicates regularly with Site Coordinators via meetings and email.

(c) WMCC has a designated PREA Site Coordinator as mandated by MDOC policy D1-8.13. Page 5 of this policy states, "Each facility and community confinement facility shall designate a PREA site coordinator who has sufficient time and authority to ensure the facility's compliance with the PREA standards at their assigned facility. The director of the division of adult institutions shall designate a PREA site coordinator at each facility at the level of deputy warden. The division director of the board of probation and parole shall designate a PREA site coordinator at each facility at the level of unit supervisor or higher."

WMCC's PREA Site Coordinator is also the Deputy Warden of Offender Management and reports directly to WMCC's Warden. The Auditor was provided a copy of WMCC's organizational chart outlining this chain of command.

WMCC's PREA Site Coordinator reports he has enough time to manage his PREA related responsibilities in addition to his responsibilities as Deputy Warden. He states ensures compliance by making sure orientation is being done, as well as the AIRA (risk screening tool) being done when required. He also states, "We have meetings with staff when we update policy, ensure annual trainings are complete and makes sure staff is aware of the audit process."

Staff reported the WMCC takes zero-tolerance very seriously. Each staff person interviewed knew their roles in responding, preventing and detecting sexual abuse. Inmates interviewed reported PREA information is "everywhere." They also reported they felt staff would take a report of sexual abuse seriously. Several inmates report "they don't play when it comes to that."

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, WMCC is found to have exceeded the standard for zero-tolerance.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WMCC does not contract with other agencies/facilities to house inmates assigned to WMCC. This was confirmed through interviews with administrative staff and documentation review.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☐

Yes ☐ No ☒ NA

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(c) MDOC policy D1-8.3, Offender Sexual Abuse and Harassment, dated June 14, 2019 states, "The department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The staffing plan shall consider the facility's physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the composition of the offender population, and the prevalence of substantiated and unsubstantiated offender sexual abuse allegations. Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted." (page 6)

WMCC's staffing plan is predicated on the average daily population (ADP) of 1,800, which is the design capacity of the facility. WMCC reported their ADP since their last PREA audit in 2017 was the following: 1,674. The facility's administration report WMCC has never been over capacity. WMCC's current population is 1095.

Custody staffing primarily broken down to three (3) primary shifts: 1st (11:00pm – 7:00am); 2nd (7:00am – 3:00pm); and, 3rd (3:00pm – 11:00pm). Additional post assignments have been established at varying intervals/durations to meet the operational needs of the facility and thereby meeting the continuity coverage which maintains safety and security.

There are currently 351 custody staff positions assigned to WMCC. As of 12/20/19 there are 267 custody staff employed at this correctional facility. As new custody staff become employed and complete Basic training at the regional training academy they will return to the institution for placement in current vacant positions.

Custody staff report to the institution by their assigned shift's scheduled start time. Upon arrival they are advised of their assigned work location for the duration of the shift by the use of a Sign-in Roster which has been prepared by the highest-ranking custody supervisor on shift (Captain/Lieutenant). The sign-in is prepared the previous day based on staff scheduled to report and ensuring minimum staffing levels (as outlined in 2009 Staffing Analysis) are met. Upon signing in, the staff member then reports to the post assigned and performs the duties associated.

The Site Coordinator states, "While the staffing plan for WMCC is developed at Central Office, the facility as the availability to use that number as it sees fit."

Central Office does take into consideration generally accepted detention and correctional practices, judicial findings of inadequacy, findings of inadequacy from federal investigative agencies, internal and external oversight bodies, physical plant layout, composition of inmate population, placement of supervisory staff, institutional programs, applicable state and local laws, regulations or standards, and the prevalence of substantiated and unsubstantiated incidents of sexual abuse.

The PREA Site Coordinator report WMCC conducts camera reviews once a year to determine where staff are needed. He advises WMCC tracks where incidents happen, review shift summary reports and population in all housing units. This information is provided to the PREA Coordinator through an annual report titled, "The PREA Staffing and Yearly Reporting Implementation Team." The Auditor was provided a copy of April 4, 2019 report filed by WMCC showing compliance with the staffing plan.

The Auditor also reviewed the 2018 PREA Annual Report filed by WMCC. This report covers all sexual abuse and sexual harassment allegations filed in that calendar year, camera monitoring reviews, staffing plan compliance, and any correction action WMCC made to maintain compliance with the PREA standards.

While camera and video monitoring are included in WMCC's PREA Annual Reports, WMCC does file a separate annual report specifically for this topic. The Auditor reviewed the report file in 2018.

(b) Deviations from WMCC's staffing plan in the past 12 months involved inclement weather and staff shortages. The Auditor reviewed documentation of 12 incidences where posts were closed due to staff call ins and failure to report for voluntary overtime. Posts closed were clothing, library, chapel, education, and visitation.

WMCC's SOPD1.8.13, Offender Sexual Abuse and Harassment, dated January 9, 2020 states, "The shift supervisor shall submit written documentation to the PREA site coordinator any time there is a deviation from the staffing plan. A copy of the documentation goes to the chief of custody." (Page 6)

(d) WMCC requires intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment of inmates.

MDOC policy D1-8.13 states, "Each institution shall ensure the classifications of lieutenant or above conduct and document unscheduled and unannounced rounds to identify and deter offender sexual abuse and sexual harassment. Each facility shall ensure that rounds occur periodically in all areas of the facility. Staff members shall be prohibited from alerting other staff members that these rounds are occurring. The rounds shall be documented and readily accessible during audits as outlined in the facility's standard operating procedure." (page 6)

WMCC's SOP D1.8.13 states, "Rounds completed by the shift supervisors will be documented on the shift events for each shift stored by the chief of custody's office." (Page 7)

IS20-1.1, Post Orders, dated August 29, 2014 states, "The chief administrative officer (CAO) of each institution shall: ensure post orders for supervisory custody staff members includes language that requires conducting unannounced supervisor rounds, and requires supervisors to record said rounds on the staff member sign-in form. Unannounced supervisor rounds shall occur periodically on each shift in all areas of the facility. Establish a standard for which the chief of custody audits the post sign-in forms verifying the completion of conducted unannounced supervisor rounds, ensure all staff member post orders include a general order prohibiting staff members from alerting each other that unannounced supervisor rounds are occurring, unless such announcement is related to legitimate operational functions of the facility." (Pages 2, 3)

Post Order 16.02, Shift Supervisor, dated June 11, 2018 states, "All staff are expected to be knowledgeable of Prison Rape Elimination Act (PREA) standards and reporting procedures as well as policy/SOP regarding offender sexual abuse and harassment." (Page 2) It also states, "Conduct two unannounced PREA accessibility tours each shift and document in shift events as well as chronological log of area toured. There is to be no announcement by staff that this tour is being completed." (Page 3)

The Auditor interviewed three upper-level supervisors; one from each shift. Each supervisor report they are required to check each area of the facility at least once a month. They report their checks are documented

a Shift Event Form. They also advise they sign into each housing unit when conducting these announced rounds.

The Auditor reviewed Shift Event forms for following dates: April 2019, June 2019, August 2019, October 2018, and January 2019. The Auditor also reviewed housing logs from each housing unit. Unannounced rounds are being conducted on every shift in every housing unit.

Each supervisor reports they have not had an incident where staff were alerted at other housing units when these rounds were conducted. Each supervisor agreed there was no way they could prevent staff from alerting other housing units or areas when they are out and about. However, they also reported they are out and about enough that it is not uncommon for us to show up anywhere at any time. They also report they vary their routine each shift.

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, WMCC is found to have met the standard for supervision and monitoring.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WMCC does not house youthful inmates. This was confirmed through interviews with administrative and frontline staff, as well as, through the tour of the facility and documentation review.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
☐ Yes ☐ No ☒ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(c) WMCC does not allow cross-gender strip searches or cross-gender visual body cavity searches of inmates.

MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019, states, "Cross-gender strip searches are not allowed except in exigent circumstances. All cross-gender strip searches shall be documented as outlined in the institutional services and probation and parole procedures regarding searches." (Page 12)

MDOC policy IS20-1.3, Searches, dated November 2, 2019 also states, "Strip searches shall be conducted by staff members of the same gender as the subject of the search, except in exigent circumstances. Exigent circumstances include: time delaying a search could allow for the destruction of evidence; escape of an offender; endangerment of life, health or property of staff members, offenders, or the public; and emergency movement situations (i.e. crime scene where evacuation of offenders needs to occur immediately and/or a check for weapons. Upon request, offenders who identify as transgender or intersex, will be provided privacy from other offenders when being strip searched. Staff members shall document a cross gender strip search on the cross-gender search form. The shift supervisor shall make all applicable notifications in accordance with standard operating procedures and forward the cross-gender search form to the PREA site coordinator and include a copy to the use of force packet if applicable. The PREA site coordinator shall review the cross-gender search form. If it is determined the search was conducted under non-exigent circumstances, it shall be referred for review and action as deemed appropriate. The PREA site coordinator shall maintain the cross-gender search form and supporting documents for tracking purposes." (Pages 6 -7)

WMCC reports there have been no incidents of cross-gender strip searches or cross-gender visual body cavity searches of inmates since their last PREA audit in 2017. There have been no incidents where medical staff have conducted such searches.

Interviews with inmates confirm this practice.

(b) N/A WMCC is a male only facility.

(d) MDOC/WMCC has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their buttocks and genitals.

MDOC policy D1-8.13 states, "Offenders shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff members of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks in accordance with, institutional services, and probation and parole procedures regarding searches." (Page 12)

This same policy also states, "Staff members of the opposite gender shall announce their presence prior to entering an offenders housing unit. If an opposite gendered staff member is assigned to the housing unit, the announcement shall be made at the beginning of the shift. If there is no opposite gendered staff member assigned to the housing unit, an announcement shall be made each time an opposite gendered staff member enters the housing unit. Each time a cross gender announcement is made it shall be recorded in the housing unit chronological log. If a circumstance arises to where a cross gender announcement could compromise the safety, security, and good order of the facility, the shift supervisor may declare the circumstances to be exigent and grant the authority to waive the announcement. All exigent circumstances

shall be documented by the shift supervisor in the chronological log. To notify hearing impaired offenders of cross gender staff in the housing unit, all housing units should display a sign indicating when a cross gender staff member is present. If a staff member of the opposite gender is required to venture past privacy barriers, and no exigent circumstances exist, the staff member shall verbally announce their presence to the offenders and allow the offenders to seek privacy from the staff member viewing the offender's buttocks, breast, or genitalia." (Page 13)

The Auditor reviewed random housing unit logs from each unit and found cross gender announcements are being completed on each shift. These announcements are documented as "PREA Announcements" on the log. The date and time the announcement is made is listed as well as the initial of the officer who made the announcement.

Inmates are always also required to be dressed while in the dayroom areas. This requirement can be found in IS6.1-3, Offender Personal Appearance and Grooming, dated May 23, 2015. This policy states, "Offenders must be dressed at all times as nudity is not permitted at any time other than when taking a shower or to address hygienic and bodily functions...Offenders should use privacy barriers provided when using the restroom and when changing clothes" (Page 1)

While touring WMCC the Auditor heard a cross gender announcement or saw a blue sign in the control window announcing female staff are on duty. The Auditor also observed privacy barriers in place throughout the facility.

Housing Unit logs were also verified by the Auditor and showed PREA announcements are being made in compliance with this standard.

All inmates interviewed reported they either heard the PREA announcement in the morning or saw the blue sign in the control window.

While observing the shower and restroom areas in the housing units, Receiving and Visitation, the Auditor found the following:

- In Receiving, the Auditor found four holding rooms. Each holding room contained one toilet located behind a $\frac{3}{4}$ cement wall. This toilet cannot be viewed from the front of the cell. The windows to the holding rooms have frosted glass, approximately 18 inches, to ensure privacy while doing strip searches. Privacy barriers are also used to form individual arears to allow privacy. There are no cameras in the holding rooms. In addition, only male officers conduct strip searches. While female staff are in the area, they are not allowed to enter the hold rooms while strip searches are being conducted. There is one staff bathroom located near the officer station. This bathroom is secured and marked "out of bonds." Inmates attempting to enter this restroom will be issued a conduct violation.
- In Visitation (A side and B side), moveable PREA barriers are used to ensure privacy during strip searches.
- In the Infirmary, one shower and restroom is available to the patients. A moveable PREA barrier was present in this area. There are also four close observation cells. Cameras are present and face these cells. However, live feed from these cameras are not available to staff. It is only viewed if an incident occurs.
- Inmate restrooms are also located in the hallway between the Library and Education areas. These restrooms are marked "Library" and "Education." Only one inmate at the time are allowed. These restrooms are secure by a metal door with a narrow window to allow for security checks.

- Housing Units 4, 5, 6, 7, 8, 9 and 10 are general population units. Each wing contains two tiers of double man cells with a toilet in each cell. Showers are communal and are in the dayroom area on an elevated platform. Each shower area has a swinging door at the entrance. Staff can view feet when making security checks.
- Housing Unit 3 is the Extended Care Unit for older inmates. Again, each wing contains double man cells with a toilet in each cell. Showers in this unit are individual with half doors at the entrance. The Auditor had difficulty viewing these toilets when touring this housing unit.
- Housing Unit 2 is the Honor Dorm and Protective Custody unit. Each wing has two tiers and double man cells with individual toilets in each cell. Showers are individual stalls with swinging doors at the entrance. The Auditor had difficulty viewing these toilets when touring this housing unit.
- Housing Unit 1 is Restrictive Housing. This unit contains single man cells in each wing with a toilet in each cell. Individual showers with wire mesh and metal plates covering the groin to chest area are present in each wing.

Restrooms located in Laundry, Warehouse, Education Annex, MoSOP building (Sex Offender Treatment) and Food Service are designed for one inmate at a time. Each area has privacy for the inmate while allowing staff to ensure safety.

Staff report there is never a time where male inmates will be unclothed in front of non-medical female staff.

(e) MDOC policy D1-8.13 states, "Staff members shall not perform strip or pat-down searches or conduct a physical examination for the sole purpose of determining an offender's genital status in accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center." (page 13)

This same language is also found in IS20-1.3, Searches, dated November 3, 2019.

MDOC policy D1-8.13 states, "If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members." (Page 9)

MDOC policy IS11-34.1, Health Assessment and/or Physical Examinations at Reception, dated June 18, 2018, also states, "The facility will not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by the responsible physician." (Page 4)

All staff interviewed reported searching an inmate solely for the purpose of determining genitalia was strictly forbidden.

During the onsite portion of this audit, there were five transgender or intersex inmates at this facility. One transgender female refused to be interviewed. The remaining transgender females advised they were never searched solely for the purpose of determining their genitalia/

(f) MDOC policy D1-8.13 states, "Staff members shall be trained in how to conduct cross gender pat down searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible as consistent with security needs." (Page 13)

WMCC reports 100% of staff have received cross-gender and transgender pat down search training.

Staff interviewed report they received this training while at the academy.

Transgender females interviewed at WMCC report staff are respectful when they are pat searched. They also state they feel they are not pat searched any more than other inmates at the facility.

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, WMCC is found to have met the standard for cross-gender viewing and searches.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders." (Page 10)

This same policy also states, "To notify hearing impaired offenders of cross gender staff in the housing unit, all housing units should display a sign indicating when a cross gender staff member is present." (Page 12)

The requirement for the display of this sign is also required in the remaining housing units at WMCC.

On the days of the onsite portion of this audit, there were multiple hearing-impaired inmates assigned to WMCC.

The Auditor spoke with two inmates who were identified as being hard of hearing. Both inmates stated they knew how to report sexual abuse and sexual harassment allegations. They both also stated subtitles were made available to them when they viewed the PREA video during orientation. Both inmates can read lips and were able to communicate with no issues with the Auditor.

During the tour of WMCC, signs were posted throughout the facility providing inmates who are hard or hearing or deaf, instructions on how to dial the TTY (Text Phone or Teletypewriter) phone system.

MDOC also has in place multiple contracts with Missouri agencies for Sign Language Interpretation Services. These agencies include: Access Interpreters LLC, ASL Communication Services Inc., Associates in Sign Language LLC, Columbia Interpreting Services, Deaf Empowerment Awareness Foundation, Deaf Inter-Link Inc., Global Village Language Center, International Language Center, Interpretek, Interpreters Unlimited, MT & Associates LLC, and TLC Interpreting Services LLC.

The PREA video showed during orientation is also available in closed caption for hearing impaired inmates.

WMCC also has PREA information prepared in braille for any inmate who is visually impaired. PREA Acknowledgement forms (acknowledging PREA education) can also be found in large print. The PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in large print.

All staff at WMCC have received the training, "Special Needs Offenders," during basic training. This curriculum teaches staff to compare and contrast individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Staff are also taught how to assess the potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication.

b) MDOC policy D1-8.13 states, "Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through PREA

posters, the offender rulebook, and the offender brochure on sexual abuse and harassment.” (Pages 10-11).

WMCC has PREA Acknowledgement forms (acknowledging PREA education) in the following languages: Chinese (Simplified and Traditional), English, Japanese, Russian, Serbo Croatian, Spanish and Vietnamese. PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in the same languages.

A written transcript of PREA video showed during orientation is also available in English and in Spanish.

During the tour of WMCC, the Auditor noted PREA posters announcing zero tolerance and how to report sexual abuse were posted in English and in Spanish.

c) MDOC policy D1-8.13 states, “Offender interpreters shall not be utilized except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender’s safety, the performance of first responder duties, or the investigation.” (Page 15)

WMCC SOPD1.8.13 states, “Offender/staff interpreters for non-English speaking victims/perpetrators can only be utilized in an exigent circumstance when the event is first reported until an outside interpreter can be arranged. Interpreters for deaf and hard of hearing victims/perpetrators will be in accordance with standard operating procedure for deaf and hard of hearing offenders.” (Page 16)

All WMCC staff interviewed supported this this practice.

Based on the evidence provided through policy, staff and inmate interviews, documentation review and the tour of the facility, WMCC is found to have met the standard for working with inmates with disabilities and inmates who are limited English proficient.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? ☒ Yes ☐ No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, f, g) MDOC policy D1-8.13 states, "Department staff members shall not hire or promote any person, employee, or enlist the services of any contractor that may have contact with an offender when it is known that he: has engaged in sexual abuse with an offender in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse." (Page 7)

MDOC application for employment specifically asks these three questions.

b) This same policy also states, "Department staff members shall consider any incidents of sexual harassment in determining whether to hire or promote any person or enlist the services of any contractor who may have contact with offenders in accordance with the department's procedures regarding background

investigations, promotional appointments, maintenance of employee records, employee discipline, and labor organizations.” (Page 7)

A representative from human resources states, “Yes, we do. All information then goes to the warden and it is up to her to make the determination on whether it affects their employment or not.” The representative also states, “All legal issues must be reported. It is in policy.”

The MDOC Employee Handbook states, “Employees who are arrested or charged with a criminal offense must immediately notify the chief administrative officer or highest-ranking staff member available. In this context, immediate means as soon as possible but no later than the beginning of the next shift worked by the employee. Employees are required to report arrests and charges for all felonies and any misdemeanor, except a minor traffic violation. Alcohol related charges and driving while license is suspended or revoked are not minor traffic violations, so employees must report those matters. Employees must report any citation or arrest for a traffic violation that occurred while operating a state-owned vehicle. In addition to making an immediate oral report, employees must submit to the chief administrative officer a detailed written account of the incident that led to the employee’s arrest or filing of criminal charges. Employees must submit this written account before the end of the next shift worked after being arrested or charged. In the event that an employee is on leave, the employee is required to provide written notification as soon as possible but no later than three days after being arrested or charged. Employees must notify the chief administrative officer in writing about court appearances related to the charges in advance of the court appearance. Employees must promptly provide a written account of the final disposition of the charge. This includes any plea that results in a suspended imposition or execution of sentence.” (Page 18)

c, d, e) MDOC policy D1-8.13 states, “Before hiring new employees the human resources staff members or designee shall: perform a criminal background records check; and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the department procedure regarding background investigations.” (Page 7)

A representative from human resources states, “Yes, then background checks are done again if they are up for promotion. MDOC uses MULES (Missouri Uniform Law Enforcement System, NCIC and CaseNet, as part of the background investigations. CaseNet is computer system used to check local court filings. Human resources also report annual background checks on current employees are done during their birth month.

While onsite, the Auditor reviewed five new hire employees’ files and found criminal background checks have been completed per this standard. The Auditor also reviewed five employee files who were up for promotion and found background checks had been completed per this standard.

The Auditor also reviewed ten volunteer files and found background checks had been completed per this standard.

The Auditor also reviewed the month of September 2019 and found annual background checks on current employees had been completed.

g) MDOC policy D2-5.1, Maintenance of Employee Records, dated February 9, 2014 states, “Verification of information, other than public information, will be made with a written authorization from the employee. Verification may include inquiries from prospective institutional employers pertaining to sustained allegations of sexual abuse and/or harassment of an offender or resident during employment by the department. Such information will be obtained by contacting central office human resources.” (Page 7)

The human resource representative states, “Any inquiries about former employees are not handled at the facility level. This is referred to Central Office.”

Based on the evidence provided through policy, staff interviews, and documentation, WMCC is found to have met the standard for hiring and promotional decisions.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) WMCC has modified or expanded its facility since their last PREA audit in 2017. The following is a list of the substantial expansions made to WMCC:

Administrative Segregation Unit

- Eight (8) “Kicker” doors have been installed. These are cell doors that been reinforced with pieces of metal that extend inwards and discourage offenders who are acting out behaviorally and attempt to force the cell door to open without staff’s control. There are TWO (2) of these modified cell doors in each of the wings.
- Shower doors were replaced with heavy-duty stainless-steel frames and securable access gates.
- All cell door locks were replaced with high security locks.

General Population Housing Units #2 thru #5 (A-Side offender housing)

- The desks and bunks inside each of the cells were secured to the wall/floor to prevent offenders from altering the current layout design.
- Handicap shower rails and shower heads were installed in Housing Unit #3 and Housing Unit #4.
 - Housing Unit #3 serves as the facility’s Extensive Care Unit (ECU) for A-Side offenders with a limiting medical or mental health condition(s) which cannot be accommodated in a regular general population housing unit; however, does not require the 24 hour medical care which would precipitate assignment in an infirmary/Transitional Care Unit (TCU).
 - Housing Unit #4 serves as the facility’s Receiving and Orientation (R&O) Unit for maximum security (Custody level 5) offenders.

General Population Housing Units #2 and #3 (A-Side offender housing)

- Replaced shower curtains with a polymer door that is more resilient and resistive to damage.

Housing Unit #2

- Interior security fencing, lockable gates, and walking path has been established between the housing unit and Central Services area. The fencing has been topped with razor wire.

Security fencing between A-Side Yard and Central Services has been raised from EIGHT (8) feet to TWELVE (12) feet high and topped with razor wire.

Food Service

- Security bars have been secured to the entry/exit doors accessing this area.
- The rear entrance door located by the compactor/dumpster has a heavy-duty drab bar and lock system installed in order to reinforce this ingress/egress point.
- Security gates were installed between the dining halls and the kitchen area with heavy duty locks.
- Razor wire was installed above the partition separating the dining area and the serving lines.

Program Services

- This institutional operation was previously performed in a single wide trailer located on the A-Side partition of the facility. With the consolidation this was relocated to the Vocational Trade Service (VTS I) area. The former location now serves as the location for MOSOP programming.

Vocational Trade Services (VTS)

- Security fencing has been installed outside of their classrooms which facing directly out and onto A-Side Yard.

A-Side Recreation Building

- An Observation Deck position was established above the A-Side Sergeant's office. This post is a less lethal munitions post which monitors offender activity across the yard.
- Security bars have been added and locks changed in A-Side Recreation / Office areas.
- The space previously serving as A-Side Canteen/storage was reconfigured into a Satellite Medical Unit for A-side offenders.
 - This area has a pharmacy, Mental Health and Medical provider office areas for consultation purposes as well as a triage room.

General Population Housing Unit #9 (B-Side offender housing)

- Handicap shower rails and shower heads were installed in Housing Unit #9.
 - Housing Unit #9 serves as the facility's Extensive Care Unit (ECU) for B-Side offenders with a limiting medical or mental health condition(s) which cannot be accommodated in a regular general population housing unit; however, does not require the 24 hour medical care which would precipitate assignment in an infirmary/Transitional Care Unit (TCU).

All modifications completed at WMCC were done with the safety, security and the sexual safety of the inmates in mind.

b) MDOC policy D4.4.8, Security Camera Operations, dated November 23, 2019 states, "To assist in the prevention, detection and prosecution of offender sexual abuse and overall security of the facility, the security camera committee will conduct an annual assessment of the entire facility and submit a report to the CAO indicating the status of the camera system and recommend changes and additions. The CAO or designee will maintain a current document reflecting existing video equipment, requests for new purchases, and identified areas needing video surveillance. A copy of this document will be forwarded to the security intelligence unit. When debriefing critical incidents consideration shall be given as to whether security camera equipment or monitoring shall be augmented to supplement supervision by staff members in accordance with department procedures regarding serious incident reporting and debriefing. All changes will be shared with the security intelligence unit." (Page 3)

The Auditor reviewed meeting minutes of "Institutional Video Monitoring Evaluation," dated March 27, 2019. WMCC has added 68 cameras to enhance safety and security of its inmates since 2018.

Based on the evidence provided through policy and the tour of the facility, WMCC is found to have met the standard for upgrades to the facility and technology.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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a, b) MDOC Statewide PREA Coordinator states, "The PREA Unit Investigators utilize nationally recognized protocols for the collection and preservation of evidence as discussed in the 'A national Protocol for Sexual Assault Medical Forensic Examinations.' The protocols utilized are appropriate for youthful offenders. The Department's evidence protocol is outlined in D1-8.8, Evidence Collection, Accountability and Disposal."

All WMCC staff interviewed were able to explain to the Auditor MDOC's requirements as it relates to preserving evidence and securing a crime scene. All staff advised victims and perpetrators would not be allowed to shower, brush their teeth, drink water, smoke, change clothes or use the restroom until they were told they could do so.

RECOMMENDATION: Update MDOC policy D1-8.8, Evidence Collection, Accountability and Disposal, dated August 28, 2014, to reflect the formation of the PREA Unit and its investigative responsibilities for sexual abuse allegations.

c) MDOC policy D1-8.13 states, "Health Services staff member cannot collect physical evidence from a victim or perpetrator following a report of offender sexual abuse but may assist in the preservation of items related to the incident. A sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE) may collect evidence in conjunction with a sexual assault examination. Health services staff members shall screen victims for obvious physical trauma and provide emergency medical care. If the alleged perpetrator is a staff member, the victim shall be transported to the community emergency room for a sexual assault examination to be performed by a SANE or SAFE. The offender shall be out counted when the incident is alleged to have occurred within 120 hours. If an allegation of offender sexual abuse is made within 120 hours of the alleged event and consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis, the health services staff member shall: Contact the on call SANE staff member to inform them to report to the facility and determine the staff member's estimated time of arrival. Notify the shift commander that a sexual assault examination is needed and the estimated time of arrival of the SANE staff member. The shift commander shall proceed with the coordinated response as outlined in the coordinated response protocol for institutions." (Page 17)

In the past 12 months, there have two forensic medical exams, SANE/SAFE's, or exams performed by qualified medical practitioner on inmates assigned to WMCC.

There were no SANE nurses onsite during the onsite portion of this audit. There were no inmates onsite who had a SANE/SAFE as part of their sexual abuse investigation.

The Statewide PREA Coordinator reports, "Forensic exams are conducted onsite at each Missouri Department of Corrections facility by certified Sexual Assault Nurse Examiners which are provided through the Department's medical contract with Corizon."

The Auditor reviewed Corizon's Contractual Requirement document. It states, "Offenders who report sexual assault will be treated for immediate stabilizing healthcare needs onsite and then transferred to an offsite hospital emergency room/SANE/SAFE provider for forensic evaluation and treat. Corizon has contracts and access through HealthLink for accessing SANE/SAFE providers." (Page 43)

The Auditor also reviewed a letter from Heartland Emergency Services dated August 26, 2016 to WMCC. This letter outlined the specialty training of nurses and physicians at Heartland Regional Medical Center in St. Joseph, Missouri in regard to Sexual Assault Examinations.

d, e) MDOC policy D1-8.13 states, "Each facility will offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility will attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt will be documented and advocacy services will be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. When the facility cannot successfully enter into a MOU with an outside community service provider for offender victim advocacy services, or when the outside community advocate is not available, a qualified staff member victim advocate will be provided. All staff members serving as a designated victim advocate for offenders will receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims will be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee will serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee will ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety will receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous, to the office of the inspector general. Offenders will have reasonable access upon their request to the ongoing services of a victim

advocate to include: Communication by mail or special visits in as confidential manner as possible to maintain safety and security of the institution. Being informed prior to being given access to a victim advocate, the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates will be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits will be arranged through the PREA site coordinator or designee. Facilities will make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations. The facility will enable reasonable communication between offender victims and these organizations. A list of the above will be maintained in the library and/or other common areas of every facility.” (Pages 21 -22)

MDOC also has contract with the Missouri Coalition Against Domestic and Sexual Violence (MCADSV) to train facility chaplains to act as qualified agency staff victim advocate. The Auditor reviewed MCADSV curriculum and proof of training of three staff persons as WMCC.

WMCC SOPD1-8.13 states, “WMCC will utilize YWCA – St. Joseph for SAFE/SANE out counts to Mosaic Life Care only. The institutional chaplain is the site advocacy liaison and will serve as the victim services advocate when the YWCA is unavailable for victim advocate needs.” (Page 23) The SOP also states, “A copy of the refusal of treatment form will be forwarded to the PREA site coordinator to be placed in the PREA event file...QMHP will notify the PREA site coordinator in writing or email when victim requests an advocate. The PREA site coordinator will subsequently notify the chaplain (institutional liaison) and investigative staff of victim’s request for an advocate. The chaplain will meet with the victim and document the meeting, forwarding this documentation to the PREA site coordinator to be placed in the PREA event file.” (Page 20)

This same SOP states, “Offenders are provided the following addresses for communication to national sexual abuse agencies. These mailings from offenders will be in compliance with policy regarding offender mail procedures and treated as legal mail: Just Detention International, 3325 Wilshire Blvd., Suite 340, Los Angeles, CA 9001 and Rape, Abuse and Incest National Network (RAINN), 1220 L Street NW, Suite 505, Washington, DC 20005.” (Page 24)

The Site Coordinator reports, “We have the chaplains and a case worker trained to be a victim advocate if needed. We also work with the YWCA.”

The Auditor reviewed the MOU between MDOC and the YWCA of St. Joseph, Missouri dated August 3, 2014. This MOU provides victim advocates from a community-based rape-crises center/advocacy organization. Per this MOU, the YWCA will be contacted by Heartland Regional Medical Center of the need of an advocate during a forensic exam. The YWCA will also provide advocates during investigatory interviews, crisis interventions and for emotional support.

WMCC attempted to enter a MOU with a local shelter; however, they declined to participate in a partnership.

WMCC had one inmate onsite who reported sexual abuse in the past 12 months. The Auditor spoke with this inmate. He confirmed he was offered advocacy services; however, he declined.

f) NA MDOC/WMCC are responsible for administrative and criminal investigations.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, WMCC is found to have met the standard for evidence protocol and forensic examinations.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) MDOC policy D1-8.13 states, "The department shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website." (Page 20)

This same language is also found in MDOC policy D1-8.1, Office of Professional Standards, dated July 1, 2017. MDOC PREA Unit is housed under the Office of Professional Standards.

MDOC policy D1-8.4, Institutional Investigations, dated July 1, 2017 covers administrative investigations. This policy states, "An inquiry or investigation may be conducted by an institutional investigator when: an offender may have engaged in a violation of offender rules; or, there is staff member on offender sexual harassment. Allegations of offender sexual harassment or offender sexual abuse related to pat searches or uses of force will be processed in accordance with the PREA coordinated response protocol." (Page 3)

In the past 12 months, WMCC has had thirty-two (32) allegations of sexual abuse and sexual harassment. Five of these allegations were received from other facilities. Seventeen (17) allegations resulted in administrative investigations and criminal investigations. One investigation resulted in one criminal finding of inmate on inmate sexual abuse. This was not referred for prosecution. All investigations are closed.

Interviews with investigators confirmed all allegations of sexual abuse and sexual harassment are referred for investigation.

Based on the evidence provided through policy and staff interviews, WMCC is found to have met the standard for policies to ensure referrals of allegations for investigations.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training?
☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, c) WMCC has trained 100% of their staff in the prevention, detection, and response to sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "All new staff members shall complete the department's online sexual misconduct and harassment training within 5 working days of employment. All staff members shall receive initial PREA training during the department's basic training. All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years in which an employee is not required to complete training, the department's PREA manager shall provide current information on sexual abuse and sexual harassment policies via the department's PREA intranet page <http://docintranet.ads.state.mo.us/Division/OD/PREA.htm>." (Page 7)

All staff interviewed were able to discuss details of the PREA training they received during basic training and annual PREA refreshers.

b) While WMCC is a male only facility, the same MDOC policy addresses gender specific training staff will receive when working at a female facility or when they transfer to a female facility from a male facility. This policy states, "All new staff members who shall be placed at a female facility shall receive Working With The Female Offender training prior to being placed at a post. Staff members shall receive additional training if they are reassigned from a facility that houses only male offenders to a facility that houses only female offenders. Staff members shall receive additional training if they are reassigned from a facility that houses only female offenders to a facility that houses only male offenders if their basic training or institutional basic training occurred more than two years prior to the time of assignment." (Page 8)

d) MDOC policy D1-8.13 states, "All completed PREA training shall require a PREA acknowledgment form or PREA basic training acknowledgment form stating the staff member understood and completed the training. This form shall be routed through the facility training officer or regional training coordinator. The facility training officer or regional training coordinator shall send the original PREA acknowledgment form to the central office human resources personnel for retaining in the employee's personnel file." (Page 8)

WMCC documents, through employee signature, the understanding and completion of the training they have received. The Auditor reviewed 10 staff files and found each staff person had received the initial PREA training as well as the annual refresher.

Based on the evidence provided through policy, staff interviews, and documentation review, WMCC is found to have met the standard for employee training.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) WMCC has trained 100% of all contractors and volunteers who enter the facility and have contact with the inmates.

MDOC policy D1-8.13 states, "All part-time employees, volunteers, and contract staff members shall receive PREA training specific to their classification as determined by the appropriate division director and chief of staff training... Vending contractors shall be escorted by a staff member at all times or shall receive PREA training prior to entering the facility." (Page 7)

All volunteers interviewed report receiving PREA training that included the zero-tolerance policy and how to report sexual abuse or sexual harassment.

c) MDOC policy states, "Volunteer acknowledgment forms shall be retained in the volunteer's file by designated facility staff members. Vending contractors acknowledgment forms shall be retained in the

vendor file by designated facility staff members. Work release supervisor acknowledgment forms shall be retained by the work release coordinator at the facility in the work release supervisor's file." (Page 8)

WMCC SOPD1-8.13 states, "Volunteer acknowledgment forms will be maintained by the institutional activities coordinator (IAC)." (Page 8)

This same SOP also states, "Vending contractors acknowledgment forms will be maintained in the Business Office." (Page 9) In addition it states, "Work release supervisor acknowledgment forms will be maintained in the assistant warden's office." (Page 9)

While onsite the Auditor reviewed fifteen training records of volunteers and contractors finding all fifteen had received the required PREA training.

Based on the evidence provided through policy, interviews, and documentation review, WMCC is found to have met the standard for volunteer and contractor training.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) WMCC reports 1,183 inmates have received PREA education in the past 12 months in accordance with policy.

MDOC policy D1-8.13 states, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment." (Page 12)

Intake staff at WMCC states all inmates are given a PREA flyer when they first come into the facility. The flyer covers the zero-tolerance policy and how to report sexual abuse and sexual harassment. Intake staff also advise the PREA orientation video is then shown 24 hours later than 72 hours after arrival.

All inmates interviewed reported receiving PREA information the first day they arrived at WMCC.

e) WMCC documents all inmate education. While onsite the Auditor reviewed the records of twenty inmates and found all inmates received PREA information and orientation within the required timeframe.

f) During the tour of WMCC, the Auditor observed PREA information signs and way to report posted in every housing unit, Receiving, Education, Library, Education Annex, Medical, Chapel, Recreation, Kitchen, Warehouse, Maintenance and Visitation. This information is posted in English and Spanish.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, WMCC is found to have met the standard for inmate education.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Gerrity, sexual abuse evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA: Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator and one facility investigator. Both reported receiving specialized training and was able to discuss the training received with the Auditor.

Based on the evidence provided through policy, staff interviews, and documentation review, WMCC is found to have met the standard for specialized investigation training.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) ☒ Yes ☐ No ☐ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
☒ Yes ☐ No ☐ NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Medical and mental health staff members shall receive annual specialized PREA training." (Page 8)

The Auditor reviewed the curriculum titled, "PREA-Specialized Medical/Mental Health Professional Training," dated May 2015. Program overview states, "This training class is for Medical and Mental Health Professionals working with the Missouri Department of Corrections (MDOC) and serves as review of the PREA standards and how they apply to Mental and Mental health professions/roles throughout the department. Course includes information on the federal Prison Rape Elimination Act Guidelines; a definition of PREA; its applicability to all MDOC staff; and definitions of offender sexual abuse." This is a 2-hour credit course.

Interview with medical staff supported receiving annual specialized training.

b) While onsite the Auditor was provided proof of certificates for SANE training for six nurses.

c) While onsite the Auditor reviewed five (5) training records of medical and mental health staff and found all of them had received the annual specialized training and the required MDCO PREA training.

Based on the evidence provided through policy, staff interviews, and documentation review, WMCC is found to have met the standard for specialized medical and mental health training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒
Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a request? ☒
Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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MDOC has three classifications determined by the Adult Internal Risk Assessment (AIRA): Alpha (High Risk of Abusiveness), Kappa (Low Risk for either Abusiveness or Victimization), or Sigma (High Risk of Victimization).

a, b, c) MDOC policy IS5-2.3, Offender Internal Classification, dated September 15, 2014 states, "The department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines. Offenders placed in temporary administrative segregation confinement, administrative segregation confinement, disciplinary segregation confinement, protective custody, or transitional care units will be assigned a cell according to the offender's internal classification score. Staff members who supervise offenders in required activity assignments will utilize the internal classification score to monitor offenders in accordance with institutional services procedures regarding required activities." (Pages 1 and 2)

MDOC policy D1-8.13 states, "Facilities will assess offenders for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment in accordance with the institutional services procedure regarding diagnostic center reception and orientation, and probation and parole procedures regarding the community supervision center, the community release center, and contracted residential facilities. Offenders will be assessed within 72 hours of arrival." (Page 8)

This same language also appears in MDOC policy IS5-2.3 Offender Internal Classification.

All staff interviewed who perform the AIRA stated the initial assessment is done the first day at WMCC. They also advised they have up to 72 hours to complete the initial assessment if they run into issues the first day through Reception and Orientation.

All inmates interviewed supported this practice.

d, e) AIRA contains the ten elements identified in these subsections.

Interviews with the staff who conduct the AIRA report the instrument considers age, build, weight, sexual orientation, institutional violence, criminal history and sex offenses.

f, g) MDOC policy states, "Offenders shall be reassessed within 30 days of arrival. The reassessment shall consider additional relevant information received by the facility after the initial intake screening. The offender's risk level shall be reassessed when warranted due to a referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offender's risk of sexual victimization or abusiveness." (Page 9)

WMCC SOP/D1-8.13 states, "If either the 72 hour or 30 day assessment cannot be completed by the required time frame, a memo will be submitted to the PREA site coordinator indicating the offender's name and ID number, type of assessment, due date and reason for the delay. A follow-up memo is to be sent to the PREA site coordinator when assessment is completed." (Page 10)

WMCC has not had any assessment exceed the 72 hour or 30-day reassessment timeline. While onsite the Auditor reviewed the records of twenty (20) inmates and found all inmates had their initial assessment and 30-day assessment completed within the required timeframe.

h) MDOC policy states, "The offender shall not be disciplined for refusing to answer or not disclosing complete information during the assessment." (Page 9)

Interviews with risk assessment staff report inmates are not disciplined for refusing to participate or answer questions related to the AIRA.

Interviewed staff also report they have never experienced an inmate refusing to participate in the AIRA.

i) WMCC has appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard.

MDOC has assigned security levels to specific job descriptions. Only classification and administration staff have the security level to access the questions on the AIRA. Security staff only have security permissions to access the final classification of Alpha, Kappa or Sigma.

Based on the evidence provided through policy, staff interviews, and documentation review, WMCC is found to have met the standard for screening for risk and abusiveness.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy IS5-2.3, Offender Internal Classification, dated March 17, 2019 states, "The department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines. Offenders placed in temporary administrative segregation confinement, administrative segregation confinement, disciplinary segregation confinement, protective custody, or transitional care units will be assigned a cell according to the offender's internal classification score. Staff members who supervise offenders in required activity assignments will utilize the internal classification score to monitor offenders in accordance with institutional services procedures regarding required activities." (Page 2)

b) MDOC policy D1-8.13 states, "Housing, cell, bed, education, and programming assignments shall be individualized utilizing the adult internal risk assessment with the goal of keeping separate those offenders identified at high risk of sexual victimization from offenders assessed at high risk of being sexually abusive. This shall be in accordance with the institutional services procedures regarding offender housing assignments, transgender and intersex offenders, offender recreation and activities, and probation and parole procedures regarding community supervision centers, the community release center, and contracted residential facilities." (Page 8)

Interviews with staff supported this practice.

The Site Coordinator reports the AIRA is used to determine housing, job placement and program.

c, d, e, f, g) MDOC policy D1-8.13 states, "If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members. Housing assignment for transgender and intersex offenders will be made as outlined in this procedure, on a case-by-case basis by the institutional transgender or intersex committee or designee of the community confinement facilities to ensure the health and safety of the offender in accordance with the institutional services procedure regarding offender housing assignments, transgender and intersex offenders and the probation and parole procedure regarding risk assessment and housing assignments." (Page 9)

WMCC SOP/D1-8.13 states, "When an intersex or transgender offender is identified at the institution, staff should immediately notify the PREA site coordinator verbally and in writing. The PREA site coordinator will discuss initial placement with the functional unit manager (FUM) of receiving and orientation unit until a transgender committee meeting can be held. Future housing assignment will be based on the recommendation of the transgender committee." (Page 10)

MDOC utilizes a transgender committee to provide individualized decision making. MDOC policy D1-813 states, "Each institution will have a transgender committee to make informed decisions regarding the health and safety of transgender and intersex offenders assigned at that facility. The transgender committee shall meet with the offender upon arrival at the facility and every six months thereafter or more often if deemed necessary. The transgender committee will complete a written report within 10 working days of the offender's arrival at the facility and after each 6 month meeting. The report should be forwarded to the appropriate deputy division director of the division of adult institutions; the director of the division of rehabilitative service and the PREA manager for review and approval. A response should be made back to the transgender committee within 10 working days. The written decision shall be maintained in the offender's classification and medical records in accordance with departmental procedures regarding record retention. The transgender committee meeting and subsequent written report shall include the following: offender's

view of his vulnerability within the general population, historical overview of the offender's transgender/intersex status, Include information regarding where the offender is in the transition process, amount of time living as a transgender, and the offender's concerns and views regarding the transition process and review of the offender adult internal risk assessment, The report should show the adult internal risk assessment was reviewed and whether the offender required a reassessment. If information is obtained which would affect the offender's classification, the offender will be reassessed utilizing the adult internal risk assessment. review of the offender's institutional adjustment, PREA allegations/investigations, review of programming assignments, recommendations regarding the offender's health and safety to include: housing assignment, Housing assignments for transgender or intersex offenders shall not be made based solely on genitalia but shall consider the offender's health and safety and the security of the facility through a review of the respective classification, medical and mental health records. The transgender or intersex offender's own views with respect to his safety shall be given serious consideration when determining housing. showering, Transgender or intersex offenders shall be offered the opportunity to shower separately from other offenders. special needs. If the contracted mental health provider recommends hormone replacement therapy the recommendation will be included in the transgender committee report. If specialized clothing, such as a support garment, is recommended, the recommendation shall be included in the report. A written doctor's recommendation shall accompany the report." (Page 11)

Site Coordinator states, "We place them in general population unless they request alternative housing. We definitely take their views of their own safety into consideration when determining housing."

Interviews with staff who conduct the AIRA support this practice.

There were five transgender inmates assigned to WMCC during the onsite portion of this audit. Only four consented to be interviewed by the Auditor All four reported they are placed in general population at their request.

The Auditor reviewed transgender committee notes for all five transgender inmates housed at WMCC. In all five meetings, the committee met within ten days of the arrival of the transgender inmate. These notes were found to be compliant with this standard.

h) WMCC does not have dedicated wings to house gay, bisexual, transgender or intersex inmates.

Interviews with staff, administration and inmates confirm this practice.

Based on the evidence provided through policy, staff interviews, and documentation review, WMCC is found to have met the standard for use of risk screening information.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During the previous 12-month WMCC has not placed any victim in involuntary segregated housing due to a PREA event.

a, c, d) MDOC policy D1-8.13 states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include: return to assigned housing; temporary reassignment of staff members; assignment to another housing unit; and temporary segregated housing for protective custody needs. Segregated housing should not be considered as the first option to ensure safety of the victim. The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist form of the recommended housing option. If temporary administrative segregation confinement (TASC) is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding temporary administrative segregation confinement and administrative segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit." (Page 16)

The Site Coordinator reports, "We use Protective Custody as a last resort."

b) There were no inmates assigned to temporary restrictive housing due to being at high risk of sexual victimization at the time of this audit.

e) This same policy states, "Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody." (Page 16)

Based on the evidence provided through policy, staff interviews, and documentation review, WMCC is found to have met the standard for protective custody.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request?
☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)
☐ Yes ☐ No ☐ NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?
☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) WMCC has multiple ways for inmates to report sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "Each facility's CAO or designee shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff member neglect, and violation of responsibilities that may have contributed to an incident of offender sexual abuse, to include but not limited to: informal resolution request (IRR), grievance process, or offender complaint, a staff member, PREA hotline, and advocacy agency. Offenders may make anonymous reports of allegations of offender sexual abuse to the Department of Public Safety, Crimes Victims Services Unit. All offender mail addressed to the Crimes Victims Services Unit shall be treated as confidential mail and not subject to examination. Facilities shall maintain strict policies prohibiting mailroom staff from revealing to staff members or administrators the fact that an offender sent correspondence to the sexual abuse reporting entity. Allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure." (Page 13)

MDOC does not house inmates solely for civil immigration purposes.

MDOC has a memorandum of understanding with the Missouri Department of Public Safety (DPS) which allows DPC to receive written correspondence of allegations of offender sexual abuse and harassment. This MOU was signed in 2014 is continuously renewed.

WMCC has not received third-party or anonymous reports in the past 12 months.

All staff interviewed were able to describe multiple ways inmates could report sexual abuse.

All inmates interviewed reported they knew of multiple ways to report sexual abuse including using the PREA hotline, writing a kite and telling an officer.

d) This same policy also states, "Staff members may anonymously report allegations of offender sexual abuse, harassment, or retaliation utilizing the employee reporting hotline in accordance with department procedure regarding discrimination, harassment, retaliation, or unprofessional conduct." (Page 13) WMCC staff may utilize the C.L.E.A.R (Confidential Line for Employee Allegations and Reporting) Line. Employees may call or email this service.

WMCC SOPD1-8.13 states, "The staff tips hotline phone number is located on the MDOC intranet home page and on posters in various common staff areas throughout the institution." (Page 14)

All staff interviewed reported they would not anonymously report sexual abuse or sexual harassment. They advised they would go directly to their supervisor. However, when asked if it was situation where they may fear retaliation if they made that report, most staff reported they could use the hotline if needed to report the abuse.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, WMCC is found to have met the standard for inmate reporting.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC/WMCC is not exempt from this standard.

b, c) MDOC policy D1-8.13 states, "The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse. The department shall not impose a time limit for an offender submitting a grievance or complaint regarding an allegation of sexual abuse. The department may apply otherwise applicable time limits to any portion of a grievance or complaint that does not allege an incident of sexual abuse in accordance with the department procedure regarding offender grievance, institutional investigations, and office of professional standards." (Page 14)

MDOC policy D5-3.2, Offender Grievance, dated January 1, 2015 states, "There will be no time limit for submitting complaints regarding allegations of offender sexual abuse. All complaints regarding offender sexual abuse will be processed as outlined in accordance with this procedure. The department will not require an offender to use the informal grievance process, or to otherwise attempt to resolve with staff members, an alleged incident of offender sexual abuse. All informal resolution requests, offender grievances or offender grievance appeals containing allegations of offender sexual abuse, will be processed in the manner outlined in this section. An offender who alleges offender sexual abuse may submit an informal resolution request, offender grievance, or offender grievance appeal without submitting it to a staff member who is subject to the complaint. A staff member who is the subject of the complaint should not be the respondent. When the staff member responsible for processing informal resolution requests, offender grievances, or offender grievance appeals receives a complaint alleging offender sexual abuse, a copy of

the form will be forwarded to the shift commander and the offender sexual abuse coordinated response will be initiated in accordance with the department procedure regarding PREA.” (Pages 9, 16 -17)

It should be noted the Offender Grievance policy is available to all inmates in the library of WMCC.

d) MDOC policy D5-3.2 states, “Informal resolution request alleging sexual abuse will be processed normally with the exception of the following: A response should be completed as soon as practical, but no later than 30 calendar days of receipt. Offender grievances alleging sexual abuse will be processed normally with the following exceptions: the CAO or designee should respond within 30 calendar days of receipt. Computation of the 30 day time period will not include the days between the offender’s receipt of the informal resolution request and receipt of the offender grievance by the grievance officer or designee. Offender grievance appeals alleging offender sexual abuse will be processed normally with the following exceptions: a response should be provided as soon as practical, but no later than 30 calendar days of receipt. Computation of the 30 day time period will not include the days between the offender’s receipt of the offender grievance response and receipt of the offender grievance appeal by central office grievance staff members. Appeals will be referred to the deputy division director or designee. An extension of time to respond, of up to 70 days, may be claimed if the normal time period for response is insufficient to make an appropriate decision. The offender will be notified in writing of any such extension and will be provided a date by which a response will be provided. At any level of the administrative process, including the offender grievance appeal level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may proceed to the next level of the offender grievance process.” (Page 17)

WMCC has had no grievances filed alleging sexual abuse in the past 12 months.

WMCC also utilizes a “Grievance PREA Tracking Log” to ensure timeframes are met.

e) This same policy states, “Third Party Reporting: Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for informal resolution requests, grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution. When a staff member receives a request from a third party to file a complaint via the offender grievance procedure on behalf of an offender regarding allegations of offender sexual abuse. The staff member will require the party making the complaint to submit such in writing. Administrative or case management staff members will then prepare a report of incident in accordance with procedure for possible investigation or inquiry. When a staff member receives the documentation from the reporting third party, it will be attached to an informal resolution request form and will immediately be recorded in accordance with this procedure. A copy of the documentation will also be forwarded to the CAO or designee in order to be attached to the possible investigation or inquiry. The case manager shall attempt to discuss the issue with the offender (victim) prior to developing a response to confirm if the alleged victim agrees to have the request filed on his behalf. If the offender declines to have the request process on his behalf, the case manager shall document the offender’s decision in the discussion section of the informal resolution request form and the complaint shall be considered withdrawn for grievance purposes. If the offender agrees to have the request processed on his behalf, it will then be documented in the discussion section of the informal resolution request and will be processed normally in accordance with this procedure.” (Pages 17 -18)

f) This same policy also states, “Allegations of offender sexual abuse by employees shall immediately be reported to the CAO or designee for possible investigation or inquiry. If the staff member who processes the informal resolution requests determines that it meets the definition of a PREA emergency complaint, the offender will be provided an informal resolution request form. Emergency informal resolution requests will be processed as follows: The offender will request an informal resolution request form from case management staff members and briefly state the issues and subject of complaint in accordance with this procedure. When a staff member receives the completed informal resolution request form from the offender, the staff member will record receipt of the form in accordance with this procedure and it will be taken to the

CAO or designee immediately. Upon receipt of an informal resolution request from an offender, the CAO or designee may confer with the PREA site coordinator to make the determination if the informal resolution request should be handled as an emergency. The CAO or designee will prepare an initial response which will be attached to the informal resolution request and provided to the offender within 48 hours of receipt of the initial filing date. The offender will sign and date the response. A final response from the CAO or designee will be provided to the offender within 5 calendar days from the initial filing date. The offender will sign and date the form. The initial and final response for the informal resolution request shall document the department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency informal resolution request. If the offender is unsatisfied with the final response for the informal resolution request and chooses to file a grievance, an offender grievance form will be provided. The grievance or grievance appeal will then be processed as a non-emergency PREA complaint as noted in this procedure." (Pages 18 – 19)

g) The grievance policy also states, "No reprisals shall be taken against any offender for use of, or participation in, the offender grievance procedure. Offenders may be held accountable for misusing or abusing the offender grievance procedure as stated in this procedure. This action is not considered a reprisal...All offenders are encouraged to utilize this procedure for the redress of grievances; however, offender must refrain from knowingly and deliberately filing improper, duplicative, expanded or frivolous IRR, offender grievances or offender grievance appeals." (Pages 4, 5)

The Grievance Officer reports, "If an emergency grievance gets reported, we have two days to respond. A formalized response is required in five days. When we receive it, we initiate the coordinated response." The officer adds, "We always treat the grievance like they are telling the truth."

Based on the evidence provided through policy, staff interviews, and documentation review, WMCC is found to have met the standard for exhausting administrative remedies.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c) MDOC policy D1-8.13 states, "Each facility shall offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility shall attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt shall be documented and advocacy services shall be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. All staff members serving as a designated victim advocate for offenders shall receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims shall be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee shall serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee shall ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety shall receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous to the PREA unit. Offenders shall be allowed to communicate with an advocate by mail or special visit in a confidential manner as possible to maintain safety and security of the institution. Offenders shall be informed before being given access to a victim advocate, the extent to which communications shall be monitored and the extent to which

reports of abuse shall be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates shall be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits shall be arranged through the PREA site coordinator or designee. Facilities shall make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations.” (Pages 20 -21)

For inmates who are placed in restrictive housing, they are provided a PREA flyer with the addresses of Just Detention International and Rape, Abuse and Incest National Network (RAINN). Inmates at WMCC can contact these agencies for emotional support. The flyer is available in English and Spanish.

The Auditor reviewed the MOU between MDOC and the YWCA of St. Joseph, Missouri dated August 3, 2014. This MOU provides victim advocates from a community-based rape-crises center/advocacy organization. Per this MOU, the YWCA will be contacted by Heartland Regional Medical Center of the need of an advocate during a forensic exam. The YWCA will also provide advocates during investigatory interviews, crisis interventions and for emotional support.

WMCC attempted to enter a MOU with a local shelter; however, they declined to participate in a partnership.

WMCC had one inmate onsite who reported sexual abuse in the past 12 months. The Auditor spoke with this inmate. He confirmed he was offered advocacy services; however, he declined.

Interview with inmates reported they knew there were services available to them outside of the facility; however, they could not name the resource. Most stated they seen that information on the PREA bulletin board.

Based on the evidence provided through policy, staff interviews, and documentation review, WMCC is found to have met the standard for inmates’ access to outside confidential resources.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) Methods to report sexual abuse and harassment are made available to the public via the Department's website which you can access at <http://doc.mo.gov/OD/PREA.php>.

WMCC also has posters in visitation that outline ways for friends and family to report sexual abuse or sexual harassment.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, WMCC is found to have met the standard for third-party reporting.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, c, d, e) MDOC policy D1-8.13 states, "Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. Medical and mental health staff members shall inform offenders at the initiation of services of the practitioner's duty to report in accordance with statutes." (Page 6)

Missouri Revised Statute Chapter 217, Department of Corrections, Section 217.410, outlines staff duty to report.

Missouri Revised Statute Chapter 630, Department of Mental Health, Section 603.005, defines a vulnerable person as any person in the custody, care, or control of the department that is receiving services from an operated, funded, licensed, or certified program. Section 630.163 also outlines staff duty to report.

All staff interviewed reported they were mandated reporters of sexual abuse and sexual harassment. Staff reported failure to report could result in disciplinary action up to termination. Many staff also reported there could be legal repercussions for failing to report sexual abuse or sexual harassment of inmates.

Medical staff also reported they are mandated reporters of sexual abuse. They also state informed consent is part of the process.

Medical and mental health staff have had no reports of sexual abuse from offenders in the past 12 months.

b) This same policy states, "Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions." (Page 6)

All staff interviewed state "confidentiality" and "zero-tolerance" are stressed during training.

Based on the evidence provided through policy, staff interviews, and documentation review, WMCC is found to have met the standard for staff and agency reporting duties.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "When an offender is believed to be in substantial risk of victimization, the shift commander shall assess the offender to ensure housing in the least restrictive housing. "If TASC is determined to be the least restrictive housing the shift commander shall note on the TASC order the offender is being placed in segregated housing due to a PREA risk. The offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units." (Page 17)

All staff interviewed reported they would notify their supervisor immediately if they learned of an inmate who may be in imminent danger. They also reported they would also pull that inmate aside to ensure their safety will notifying their supervisor.

Based on the evidence provided through policy, staff interviews, and documentation review, WMCC is found to have met the standard for agency protection duties.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.1 states, "Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Page 9)

WMCC received five reports of sexual abuse from another confinement facility. The Auditor reviewed documentation and found the coordinated response was initiated in a timely manner in all instances. The allegations were also referred for investigation.

WMCC has not received any incidents requiring notifications to an outside agency in the past 12 months.

The Site Coordinator reports, "When an allegation of abuse is reported to have occurred at another facility within the MODOC, the coordinated response is immediately initiated. All notifications are made according to the PREA Notification Checklist. All pertinent information is forwarded to the PREA site coordinator at the facility the abuse is alleged to have occurred. If the allegation of abuse is alleged to have occurred at a facility outside the MODOC, the coordinated response is immediately initiated and the PREA notification checklist and all pertinent documentation is forwarded to the Department PREA Coordinator for processing."

Based on the evidence provided through policy, staff interviews, and documentation review, WMCC is found to have met the standard for reporting to other confinement facilities.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) MDOC policy D1-8.13 outlines staff first responder requirements. The policy states, "All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. If the allegation is reported directly to a facility administrator, the administrator can initiate the coordinated response to ensure confidentiality utilizing the notification checklist. In the event of an allegation of a penetration act, the first responder shall take the following steps. (1) Ensure the safety of the victim. (2) Request the victim not to take any actions that may destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable. (3) To the extent possible, ensure the alleged perpetrator does not take any actions that could destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The shift commander or shift supervisor shall make telephone notifications and respond as outlined in the division's coordinated response to offender sexual abuse protocol. In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol." (Pages 15 -16)

WMCC SOPD1-8.13 states, "Offender/staff interpreters for non-English speaking victims/perpetrators can only be utilized in an exigent circumstance when the event is first reported until an outside interpreter can be arranged. Interpreters for deaf and hard of hearing victims/perpetrators will be in accordance with standard operating procedure for deaf and hard of hearing offenders...Shift commanders will copy the email notification with the PREA checklist attachment to necessary WMCC mental health staff and department PREA coordinator. Shift supervisors will complete/forward (via email and hard copy) the referral and screening note-health services form to the mental health staff." (Page 17)

WMCC requires staff, volunteers, and contractors to follow the same protocol. Every person who has contact with inmates are issued a "First Responder Card" which outlines the protocol everyone must follow.

In the past twelve months there has been no non-security staff who have acted as first responder. There have been five security staff who have acted as first responders.

All staff interviewed were able to articulate the facilities requirements as a first responder. Most staff showed the Auditor their card.

All volunteers interviewed supported the practice of first responder duties as outlined in MDOC policy.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, WMCC is found to have exceeded the standard for use of risk screening information.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) WMCC has formalized Coordinated Response plan in place for staff, volunteers and contractors. This plan echoes the requirements found in MDOC policy D1-8.13.

The Auditor reviewed five closed PREA investigations and found the coordinated response had been initiated in each one according to policy and this standard.

All staff interviewed were able to explain the coordinated response to the Auditor.

Based on the evidence provided through policy, staff interviews, and documentation review, WMCC is found to have met the standard for coordinated response.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining

agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) The Department of Corrections Division of Adult Institutions and the Missouri Corrections Officers Association (MOCOA) Corrections I and II Bargaining Unit have entered into an agreement that permits the agency to remove alleged staff sexual abusers from contact with any inmates pending an investigation or a determination of whether and to what extent discipline is warranted.

This agreement ended in 2018, however, MDOC is currently working with MOCOA to renew the agreement. While this is pending, MDOC is honoring the 2018 agreement.

Based on the evidence provided through policy, staff interviews, and documentation review, WMCC is found to have met the standard for the preservation of ability to protect inmates from contact with abusers.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
☐ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 establishes procedures for monitoring retaliation. This policy states, "The PREA site coordinator shall ensure all victims and reporters and those that cooperate with offender sexual abuse and harassment investigations or inquiries are monitored and protected from retaliation." (Page 14)

b, c, d, e, f) MDOC policy D1-8.13 states, "Following any reported incident of sexual abuse or harassment, monitoring for retaliation shall be conducted in the following manner: The alleged victim of offender sexual abuse shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation. Monitoring shall include face-to-face status checks by a staff members a minimum of every 30 days. The assessment-retaliation status checklist form shall be used during each of the assessment interviews. If the victim expresses fear of retaliation, monitoring shall continue for an additional 90 day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded. The PREA site coordinator or designee shall ensure individuals receive an initial assessment utilizing the assessment-retaliation status checklist form when they report and cooperate with offender sexual abuse or sexual harassment investigations or inquiries. Reporters or witnesses who voice they have no concerns regarding potential retaliation shall not receive further monitoring. Reporters and witnesses shall sign the assessment-retaliation status checklist form showing they have no concerns regarding potential retaliation. The PREA site coordinator shall report all evidence of retaliation to the CAO or designee to ensure an inquiry or investigation is initiated in accordance with department procedures regarding office of professional

standards and institutional investigators. If possible retaliation is suggested, the PREA site coordinator shall act promptly to remedy any such retaliation and protect the individual.” (Page 14)

This same policy also states, “The PREA site coordinator shall ensure victims, reporters, and witnesses that report a fear of retaliation or possible victims of retaliation be offered emotional support services. Emotional services for offender victims, reporters, or witnesses include but are not limited to a referral to mental health, chaplain, or advocacy when appropriate. Emotional services for staff member reporters or witnesses include but are not limited to, the employee assistance program, peer action and care team referral, and/or chaplain referral. All action taken to remedy retaliation or services offered to the victims or suspected victims shall be noted on the assessment-retaliation status checklist form. In the event that a victim is transferred during a period of monitoring, the PREA site coordinator shall forward the assessment-retaliation status checklist form to the PREA site coordinator in the receiving institution. The PREA site coordinator at the receiving institution shall ensure monitoring continues as outlined in this procedure. The PREA site coordinator shall ensure the completed assessment-retaliation status checklist form is returned to the originating institution to be filed in the PREA incident file for future audits. If released to a community confinement facility monitoring shall continue. If released to a field probation and parole office, monitoring shall stop. In the event the allegations are determined to be unfounded the agency shall terminate monitoring. (Pages 14, 15)

WMCC SOP/D1-8.13, states, “If the victims, reporters and/or witnesses refuse to sign the form, such will be noted on the form and witnessed by two staff members.” (Page 15)

The Site Coordinator is responsible for monitoring retaliation at WMCC.

The Auditor reviewed three retaliation packets and found all monitoring followed MDOC policy and requirements in this standard.

Based on the evidence provided through policy, staff interviews, and documentation review, WMCC is found to have met the standard for monitoring retaliation.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include: Return to assigned housing. Temporary reassignment of staff members. Assignment to another housing unit. Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim). The assessment shall consider the allegation or threat and the safety of the victim and institution." (Page 16)

This same policy continues, "If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody. (Page 17)

WMCC did not have any inmates placed in restrictive housing due to post-allegation protective custody.

The Site Coordinator reports, "We use Protective Custody as a last resort."

Based on the evidence provided through policy, staff interviews, and documentation review, WMCC is found to have met the standard for post-allegation protective custody.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The PREA Unit in the Offender of Professional Standards conducts all offender sexual abuse investigations. Sexual harassment and allegations involving searches are conducted by trained institutional investigators.

a, d, e, f, g, h, j) MDOC policy D1-8.1, Office of Professional Standards, states, "All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. Upon receiving a report of offender sexual abuse, including staff on offender and offender on offender, the CAO or designee shall ensure the allegation is forwarded to the PREA unit within 2 business days of receipt. Allegations involving offender sexual harassment or offender abuse related to pat searches will be addressed as outlined in the institutional investigators procedure. Within 2 business days of receipt, the PREA unit will determine if the allegation meets PREA definitions or if

additional information is needed. If additional information is needed the PREA unit will contact the PREA site coordinator to request the additional information. A written report will be created at the conclusion of any inquiry or investigation and a copy will be provided to CAO and division director or designee. Any action taken as a result of an inquiry or investigation shall be reported to the PREA unit within 5 business days of receiving the report. Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Pages 8, 9)

b) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Gerrity, sexual abuse evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA: Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator and one facility investigator. Both investigators were able to discuss specific topics of the specialized training they received.

The Auditor reviewed three administrative files and found they met all requirements of MDOC policy and this standard. The Auditor also reviewed two investigative files involving SANE examinations and found they also met all requirements of MDOC policy and this standard.

c) MDOC policy D1-8.8, Evidence Collection, Accountability and Disposal, outlines the agency's requirements in gathering and preserving direct and circumstantial evidence.

Interviews with investigators report they would collect video surveillance, phone calls, logs and interviews as evidence in many cases of sexual harassment. When asked about criminal cases, the Auditor advised in addition to what was already mentioned they would take photographs and collect DNA.

i) MDOC retains all investigative files for 90 years.

Based on the evidence provided through policy, staff interviews, and documentation review, WMCC is found to have met the standard for criminal and administrative investigations.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC policy D1-8.13 defines the Preponderance of Evidence as enough proof to show that something is more likely to have occurred than not to have occurred. This same policy also states, "Administrative investigations shall impose no standard higher than the preponderance of evidence in determining whether an allegation of offender sexual abuse or harassment is substantiated."

All investigators interviewed reported they use the preponderance of evidence (51%) to determine proof.

Based on the evidence provided through policy, staff interviews, and documentation review, WMCC is found to have met the standard for evidentiary standard for administrative investigations.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC policy D1-8.13 states, " Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA manager shall make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification form or the alleged sexual abuse by staff member notification form. Notification shall not be made to the offender following an investigation or inquiry regarding sexual harassment." (Pages 20, 21)

All investigators interviewed reported notification is made to all inmates in the case of sexual abuse. They advise if the inmate leaves the facility the attempt at notification is still made.

The Auditor reviewed five cases of inmate notification and found notification was made in accordance to MDOC policy and the requirements of this standard.

b) NA MDOC/WMCC is responsible for conducting administrative and criminal investigations.

c) This same policy states, "All subsequent notifications shall be made when: Staff member on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs (unless the inquiry or investigation is unfounded): The staff member perpetrator is no longer assigned to the housing unit. The staff member perpetrator is no longer employed by the department. The staff member perpetrator has been indicted on a charge related to sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution." (Page 21)

WMCC had one inmate who reported sexual abuse onsite to interview during this portion of the audit. He advised the sexual abuse he reported did not occur at this facility.

d) This policy also states, "Offender on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs. The offender has been indicted on a charge related to sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution." (Page 21)

WMCC had one inmate who reported sexual abuse onsite to interview during this portion of the audit. He advised the sexual abuse he reported did not occur at this facility.

e, f) MDOC D1-8.13 states, "The departmental PREA manager shall forward the written notification to the offender via the PREA site coordinator. The PREA site coordinator shall ensure that the written notification is provided to the offender in a confidential manner. The original notification shall be signed by the offender and witnessed by a staff member. The offender shall be offered a copy of the letter, but shall have the right to decline the letter. The original notification shall be forwarded to the department's PREA manager for tracking. In the event the offender has been released from custody and is not being housed in the community release center or the community supervision center and the duty to report ends." (Page 21)

Based on the evidence provided through policy, staff interviews, and documentation review, WMCC is found to have met the standard for reporting to inmates.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WMCC has not had any investigation or instance where a staff member was terminated following a substantiated investigation during or reported to any law enforcement agency.

a, b, c, d) MDOC policy D2-9.1 Employee Discipline, dated May 1, 2019, outlines MDOC disciplinary process for all employees.

MDOC policy D1-8.13 states, "Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures. Termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All terminations for violations or the resignation of a staff member, who would have been terminated if not for their resignation, shall be reported to relevant licensing or accreditation bodies and law enforcement." (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, WMCC is found to have met the standard for disciplinary sanctions for staff.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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MDOC policy D1.8.13 states, "Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law enforcement. The CAO or designee of the department facility or contracted facility shall take appropriate measures and consider whether to prohibit further contact with offenders in the case of any other violations." (Page 24)

The Site Coordinator states, "We would restrict access to the facility or program site until the investigation is complete. We would never restrict offender access to any program."

Based on the evidence provided through policy, staff interviews, and documentation review, WMCC is found to have met the standard for corrective action for volunteer and contractors.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☐ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☐ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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WMCC has had no instances in the past 12 months of an inmate being disciplined for a substantiated case of inmate on inmate sexual abuse. The only inmate disciplined during an investigation was when it was determined, and the inmate admitted, the allegation was fabricated.

a) MDOC policy D1-8.13 states, "Offenders shall be subject to disciplinary sanctions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt when the offender engaged in offender on offender sexual abuse in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

b) This same policy states, "Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

The Warden states, "If they get a violation, we refer them to mental health."

WMCC SOPD1-8.13 states, "The mental health notification memo will be completed and forwarded to mental health staff for completion prior to concluding corrective action hearing." (Page 25)

c) This policy states, "The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

d) MDOC policy states, "Is found guilty of sexual abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff members, as available, in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

Interviews with health services reveals referrals are being made by staff when it comes to sexual abuse.

e) This same policy states, "An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 24)

f) All staff interviewed report they received information in training regarding good faith reports. They advised training covered inmates being free from punishment for making a report of sexual abuse or sexual harassment.

g) MDOC policy states, "The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders shall not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, WMCC is found to have met the standard for disciplinary sanctions for inmates.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
☒ Yes ☐ No ☐ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WMCC has not had any instances where prior sexual abuse that occurred outside of a correctional facility was reported to the authorities during this reporting period

a, b, c, d, e) MDOC policy IS11-32, Receiving Screening – Intake Center, dated December 10, 2016 states, "If the screening identifies a need for immediate mental health intervention, a call will be made by the staff person identifying the need to the QMHP and follow up with a completed referral and screening note-health services form. If during the screening, the offender reports being sexually abused within the last 72 hours or

if a forensic exam is deemed medically necessary, the coordinated response to offender sexual abuse will be initiated in accordance with departmental procedures regarding offender sexual abuse and harassment. If the screening indicates the offender has experienced prior sexual victimization whether in the community or in a correctional setting and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated and the offender will be offered a meeting with a mental health practitioner within 14 days of the intake screening. If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a meeting with a QMHP within 14 days of the intake screening.” (Page 3)

The Auditor interviewed five inmates who reported sexual abuse during the AIRA. They all advised they were offered mental health services immediately following the assessment. All five also reported they refused mental health services.

Staff who conduct AIRA report there are certain questions that will trigger a mental health referral. They all report mental health is quick to respond.

Auditor reviewed the completed AIRA's for the five inmates who reported prior sexual victimization. Based on the requirements listed in the PREA Risk Assessment Manual, mental health referrals are required. Auditor reviewed documentation showing referrals were made to mental health.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, WMCC is found to have met the standard for medical and mental health screenings; history of sexual abuse

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment." (Page 17)

Health services report medical services are provided as soon as they are notified.

b) Medical and mental staff are available 24 hours a day, seven days a week to inmates of WMCC.

This same MDOC policy states, "If no qualified medical or mental health practitioners are on duty at the time a report of a penetration event that occurred within 120 hours within a correctional facility, or 92 hours within a community confinement facility, custody staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners." (Page 17)

c) This same policy states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate." (Page 18)

Health services advise they will follow any treatment plans coming out of the SANE exam and will even develop treatment plans that will follow the inmate upon transfer to another facility.

d) All medical and mental health services are offered at not cost to the inmate or perpetrator of sexual abuse as done per policy in MDOC D1-8.13.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, WMCC is found to have met the standard for access to emergency medical and mental health services.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WMCC had one instance where the perpetrator of a substantiated sexual abuse was not referred to mental health. Auditor reviewed five referrals to medical and mental health. All referrals were done according to policy and to this standard.

a, f) WMCC offers medical and mental health services and treatment to all inmates who have been victims of sexual abuse. This offered onsite 24 hours a day, seven days a week.

MDOC policy D1-8.13 states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate." (Page 17)

b, h) WMCC offers follow up medical and mental health services as needed to all inmates who have been victims of sexual abuse.

MDOC policy D1-8.13 states, "Each victim and abuser shall be offered medical and mental health evaluations, and as appropriate, treatment to include appropriate follow-up services and treatment plans. When necessary, referrals shall be completed for continued care following their transfer to, or placement in, other facilities or their release from custody." (Page 17)

Health services report they can use some judgement when treating victims of sexual abuse.

c) WMCC offers medical and mental health services consistent with community level of care.

This same policy also states, "Victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services." (Page 17)

Health services staff believe their level of care exceeds what is provided in the community due to the immediate response of their department.

d, e) NA WMCC is an all-male facility.

g) All medical and mental health services are offered at no cost to the inmate or perpetrator of sexual abuse per MDOC policy D1-8.13.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, WMCC is found to have met the standard for ongoing medical and mental health care for sexual abuse victims and abusers.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WMCC had one substantiated sexual abuse investigation during this reporting period.

a, b, c, d, e) MDOC policy D1-8.13 states, "Each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded. Debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry. The review team for offender sexual abuse events shall include the PREA site coordinator, and other upper level administrators, when applicable, with input from the shift supervisor, investigators, and medical or mental health practitioners, when applicable. A complete written report shall be prepared by the CAO or designee outlining in detail the findings of the debriefing sessions and

recommendations for improvements utilizing the PREA sexual abuse debriefing form. The facility shall implement the recommendations for improvement, or shall document its reasons why recommendations shall not be implemented. A copy of the debriefing shall be submitted electronically to the assistant director and the PREA manager. A copy of the report shall be filed in the institutional PREA event file.” (Page 20)

The PREA Site Coordinator states, “All unsubstantiated or substantiated sexual abuse investigation will receive a debriefing. We would take into consideration race, sexual orientation, etc. If needed, we would also go to the site of the incident. We would look to see if there were barriers present and take pictures if needed. We would also look at video surveillance before making recommendations.”

The Auditor reviewed four debriefings and found all were conducted per MDOC policy and meet the requirements of this standard.

Based on the evidence provided through policy, staff interviews, and documentation review, WMCC is found to have met the standard for sexual abuse incident reviews.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☐ Yes ☐ No ☒ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC policy D1-8.13 states, "Annual Site Report: Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA manager by the last working day in March. The report shall include: identified problem areas, recommendations for improvement, corrective action taken, if recommendations for improvements were not implemented, reasons for not doing so, a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse, an evaluation of the need for camera and monitoring systems, in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to: the staffing plan, the deployment of video monitors, and the resource availability to adhere to the staffing plan. The yearly report shall be submitted to the division director and the department PREA manager no later than the last working day in March. The PREA manager shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 24, 25)

e) NA Neither MDOC nor WMCC contracts for placement of inmates in their custody.

f) NA DOJ has not requested agency data.

The Auditor reviewed the 2018 MDOC PREA Annual Report and found it met MDOC policy requirements and the requirements of this standard.

Based on the evidence provided through policy, staff interviews, and documentation review, WMCC is found to have met the standard for data collection.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC policy D1-8.13 states, "The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

The Auditor reviewed the 2018 MDOC PREA Annual Report and found it met MDOC policy requirements and the requirements of this standard.

Based on the evidence provided through policy, staff interviews, and documentation review, WMCC is found to have met the standard for data review for corrective action.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) The Site Coordinator keeps all investigations, data tracking forms, monthly statistic reports secured in a locked file cabinet.

b) MDOC policy D1-8.13 states, "The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

Auditor reviewed the MDOC 2018 PREA Annual Report. This report contained information on the progress the department made in the previous years in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

c) This same policy states, "The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited." (Page 25)

d) According the Agency Records Disposition Schedule (Inspector General Section) , this information is retained for five years, and then it is destroyed.

Based on the evidence provided through policy, staff interviews, and documentation review, WMCC is found to have met the standard for data storage, publication, and destruction.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a “no” response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) During the prior three-year audit period, MDOC ensured each of their facilities was audited at least once.
- b) This is the second year of the current audit cycle, MDOC ensured at least one-third of their facilities was audited during the first year of the current audit cycle.
- h) The auditor had access to, and the ability to observe, all areas of WMCC.
- i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information) needed to complete the audit.
- m) The Auditor was permitted to conduct private interviews with inmates and staff.
- n) Inmates were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. The Auditor received two letters from WMCC inmates.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, WMCC is found to have met the standard for frequency and scope of audit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

It's clear that WMCC believes that incarcerated individuals have the right to be free from sexual abuse and sexual harassment. This zero-tolerance culture is evident in the policies of the agency, the actions of WMCC leadership as well as the knowledge the staff demonstrated of PREA. Staff was able to articulate the agencies coordinated response to sexual abuse and harassment.

The overall theme of the interviews with inmates included feeling safe at the facility and the belief that staff takes reports of sexual abuse seriously. The inmates were able to explain how to report incidents of sexual abuse and harassment and were able to discuss how they were exposed to PREA education upon intake. While some stated they could not remember the PREA video in its entirety, they did remember viewing it. All inmates reported they knew that opposite gender staff announced themselves at the beginning of each shift.

Staff knew their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff was able to articulate the coordinated response to sexual abuse and harassment. They knew to separate the victim from the alleged perpetrator, secure the scene and to contact their supervisor. They stated that all reports would be documented by the end of shift. They also stated that if they received knowledge of someone being in imminent danger they would immediately secure the safety of that individual. There is a zero –tolerance culture at WMCC.

Interviews with specialized staff were completed and the results were positive and supported the zero-tolerance culture. Each knew their role and responsibilities as it pertains to PREA compliance and documentation. They articulated the coordinated response and the expectations that staff would follow all policies. Administrative staff was very open to any suggestions the Auditor presented during the tour and the exit meeting.

Documentation provided in the pre-audit questionnaire was well organized and easy to read. WMCC was found to be in compliance with all PREA standards and was determined to have exceeded two of them.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

/s/ Elisabeth M. Copeland

February 17, 2020

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

☐ Interim ☒ Final

Date of Interim Audit Report: Click or tap here to enter text. ☒ N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: August 30, 2020

Auditor Information

Name: Elisabeth Copeland **Email:** lisa@preauditing.com

Company Name: PREA Auditors of America, LLC

Mailing Address: 14506 Lakeside View Way **City, State, Zip:** Cypress, TX 77429

Telephone: 713-818-9098 **Date of Facility Visit:** July 16, 2020

Agency Information

Name of Agency: Missouri Department of Corrections

Governing Authority or Parent Agency (If Applicable): State of Missouri

Physical Address: 2729 Plaza Drive **City, State, Zip:** Jefferson City, MO 65102

Mailing Address: Click or tap here to enter text. **City, State, Zip:** Click or tap here to enter text.

The Agency Is: ☐ Military ☐ Private for Profit ☐ Private not for Profit

☐ Municipal ☐ County ☒ State ☐ Federal

Agency Website with PREA Information: <http://docintranet.ads.state.mo/Division/OD/PREA.htm>

Agency Chief Executive Officer

Name: Anne Precythe

Email: Anne.Precythe@doc.mo.gov **Telephone:** 573-526-6607

Agency-Wide PREA Coordinator

Name: Vevia Sturm

Email: Vevia.Sturm **Telephone:** 573-522-3335

PREA Coordinator Reports to: **Number of Compliance Managers who report to the PREA Coordinator:**

Matt Briesacher, Office of Professional Standards 0

Facility Information

Name of Facility: Hannibal Community Supervision Center

Physical Address: 2002 Warrant Barrett Drive

City, State, Zip: Hannibal, MO 63401

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip:

Click or tap here to enter text.

The Facility Is:

☐

Military

☐

Private for Profit

☐

Private not for Profit

☐

Municipal

☐

County

☒

State

☐

Federal

Facility Website with PREA Information: <https://doc.mo.gov/programs/PREA>

Has the facility been accredited within the past 3 years? ☐ Yes ☒ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐

ACA

☐

NCCHC

☐

CALEA

☐

Other (please name or describe: Click or tap here to enter text.

☐

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

Click or tap here to enter text.

Facility Director

Name: Kevin Knickerbocker

Email: kevin.knickerbocker@doc.mo.gov

Telephone: 573-248-2450

Facility PREA Compliance Manager

Name: Darin VanMeter

Email: darin.vanmeter@doc.mo.gov

Telephone: 5730248-2450

Facility Health Service Administrator ☒ N/A

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Facility Characteristics

Designated Facility Capacity:

40

Current Population of Facility:

11

Average daily population for the past 12 months:	16	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18 - 59	
Average length of stay or time under supervision	91 days	
Facility security levels/resident custody levels	Field Supervision	
Number of residents admitted to facility during the past 12 months	73	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	71	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	63	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	43	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	4	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	3	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	6	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	12	

Physical Plant

Number of buildings: Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	2, including storage shed
Number of resident housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	0
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	0
Number of open bay/dorm housing units:	2
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are mental health services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<p><input type="checkbox"/> On-site</p> <p><input checked="" type="checkbox"/> Local hospital/clinic</p> <p><input type="checkbox"/> Rape Crisis Center</p> <p><input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)</p>
<p align="center">Investigations</p>	
<p align="center">Criminal Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p align="center">10</p>
<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<p><input type="checkbox"/> Facility investigators</p> <p><input checked="" type="checkbox"/> Agency investigators</p> <p><input type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<p><input type="checkbox"/> Local police department</p> <p><input type="checkbox"/> Local sheriff's department</p> <p><input type="checkbox"/> State police</p> <p><input type="checkbox"/> A U.S. Department of Justice component</p> <p><input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)</p> <p><input checked="" type="checkbox"/> N/A</p>
<p align="center">Administrative Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p align="center">1</p>
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<p><input checked="" type="checkbox"/> Facility investigators</p> <p><input checked="" type="checkbox"/> Agency investigators</p> <p><input type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<p><input type="checkbox"/> Local police department</p> <p><input type="checkbox"/> Local sheriff's department</p> <p><input type="checkbox"/> State police</p> <p><input type="checkbox"/> A U.S. Department of Justice component</p> <p><input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)</p> <p><input checked="" type="checkbox"/> N/A</p>

Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

PRE-AUDIT

A Notice of PREA Audit was sent to Hannibal Community Supervision Center (HCSC) on June 14, 2020 via the Missouri Department of Corrections Statewide PREA Coordinator, Vevia Sturm. Notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditor and advised staff and offenders that the onsite portion of the PREA audit will be conducted on July 16 – 17, 2020

On June 16, 2020, this Auditor received a flash drive containing HCSC'S Pre-Audit Questionnaire. The flash drive contained department and agency policies, curriculum and other supporting documentation. The files were divided up by standard and were easy to read and navigate.

The Auditor reviewed the provided documentation and began completing the Auditor's Compliance Tool to determine a baseline for compliance and to formulate questions for the onsite portion of the audit.

On July 10, 2020, a tentative agenda for the PREA audit was sent the Statewide PREA Coordinator for MDOC to be distributed to the facility. This agenda outlined the when the auditing would be on site, the types of staff and inmates that would be interviewed and when the audit would conclude. The agenda also outlined which specialized staff would be interviewed as well as which specialized inmate populations would be interviewed.

ONSITE

The Auditor was greeted and given a history and the layout of the facility by Assistant Director (Site Coordinator) Darin Van Meter. After the initial meeting, a detailed tour was provided to the Auditor.

Site Coordinator Darin Van Meter lead the onsite tour for the Auditor and the Statewide PREA Coordinator. The tour began with the day room/dining area. The tour also included the kitchen, program rooms, living areas, showers and restrooms, outside recreation and the officer control post. The Auditor viewed camera placements and observed cross-gendered announcements being made to residents who remained onsite.

Immediately after the tour, the Site Coordinator provided the Auditor with staff rosters and discussed the situation at HCSC during the pandemic. Due to the COVID-19, HCSC had limited staff onsite. The Auditor then randomly selected staff who were available to be interviewed.

The Site Coordinator also provided the Auditor with a list of HCSC residents. Again, due to the COVID-19 pandemic HCSC had only six (6) residents assigned to the center. Of these six residents, four were offsite attending Drug and Alcohol counseling and one (1) was asleep as he works the night shift. This left only one resident available for interview. HCSC had no targeted resident population assigned to

the center. HCSC did provide a confidential location for the Auditor to interview the one available resident.

HCSC also provided appropriate accommodations for the Auditor to conduct staff interviews. Center staff was great to work with and were very accommodating. The Site Coordinator was readily available to answer any questions and assist in any way. The HCSC Director was offsite during this portion of the audit; however, arrangements were made for the Auditor to conduct a phone interview and to discuss concerns the Auditor found while onsite. Specifically, the lack of PREA signage throughout the center and responses staff provided the Auditor during their interviews.

The Auditor was able to interview a one (1) resident. In addition, the Auditor interviewed a total of seven (7) to include the Director, Site Coordinator, Investigator and Custody Staff. It should be noted staff at HCSC wear many hats when it comes to responsibility. Custody staff are also responsible for intake and PREA education as well as conduct the risk screening tool. The Director and Assistant Director are also responsible for human resources, monitoring for retaliation, and are members of the debrief team. There are no medical or mental health services available onsite.

There was an exit interview conducted at the end of the site visit with the Site Coordinator.

POST AUDIT

After the onsite portion of the PREA audit, this Auditor reviewed the notes from the tour; all interviews conducted and did another review of the supporting documentation. Work on the final audit report began.

On August 30, 2020, the PREA audit report was submitted to the PREA Resource Center and a copy was sent to MDOC's statewide PREA coordinator, Vevia Sturm.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Hannibal Community Supervision Center (HCSC) is in Hannibal, Missouri. The Community Supervision Centers target high-risk clients who need intensive programming in several areas and who are at risk of revocation. It focuses on incentives and sanctions as clients complete each of the four phases, with the referring Probation and Parole officer supervising the client while he or she is a CSC resident. Programs are targeted to each client's assessed needs. Clients must complete core programming components before they can receive passes into the community for employment or other purposes.

HCSC consists of one main building and a storage shed. The current population at HCSC is six (6) adult male residents. During the past 12 months 72 residents have been admitted to this center. The average age of the current resident populations is 91 days.

HCSC has 43 employees who have contact with the resident population. This staff is responsible for the security of all buildings located at HCSC. In addition to its 43 employees, HCSC also has 12 volunteers and six (6) contractors who are currently authorized to enter the building.

HCSC is not located within a secure perimeter. The facility has the official capacity to house 40 residents.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: Click or tap here to enter text.

Standards Met

Number of Standards Met: 41

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC/HCSC has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment toward individuals placed in its custody.

(a) MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019 outlines the agencies approach to preventing, detecting and responding to sexual abuse and sexual harassment of

individuals confined at all of its' facilities. This same policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment. This mandate can be found on page 5 of this policy. It states, "All department staff members, contractors, or volunteers shall not engage in abuse or sexual harassment of an offender which includes sexual contact with or without the offender's consent. The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation. Staff members shall communicate professionally with all offenders, including gender non-conforming offenders in accordance with institutional services procedures regarding transgender and intersex offenders. Offender sexual abuse by a department staff member is a felony and could result in the requirement to register as a sex offender."

The MDOC Employee Handbook states, "When any employee of the Department has reason to believe that an offender has been abused, the employee must immediately report all pertinent details in writing to the Department Director. Failure to report offender abuse is a class A misdemeanor.

A Department employee who works at a correctional center commits the crime of sexual contact with an offender by having sexual intercourse or deviate sexual intercourse with an offender confined in a correctional center. A probation and parole officer commits the crime of sexual contact with an offender if the officer has sexual intercourse or deviate sexual intercourse with an offender who is under the supervision of the officer. (Deviate sexual intercourse is a very broad term that is not limited to intercourse; it includes other forms of physical contact of a sexual nature.) The offender's consent is not a defense to this crime. Sexual contact with an offender is a class D felony, which carries a maximum sentence of incarceration for four years." (Page 20)

This same policy also provides definitions of prohibited behavior regarding sexual abuse and sexual harassment on pages 2 and 3 under "Definitions" in Section II.

(a) MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019 outlines the agencies approach to preventing, detecting and responding to sexual abuse and sexual harassment of individuals confined at all of its' facilities. This same policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment. This mandate can be found on page 5 of this policy. It states, "All department staff members, contractors, or volunteers shall not engage in abuse or sexual harassment of an offender which includes sexual contact with or without the offender's consent. The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation. Staff members shall communicate professionally with all offenders, including gender non-conforming offenders in accordance with institutional services procedures regarding transgender and intersex offenders. Offender sexual abuse by a department staff member is a felony and could result in the requirement to register as a sex offender."

The MDOC Employee Handbook states, "When any employee of the Department has reason to believe that an offender has been abused, the employee must immediately report all pertinent details in writing to the Department Director. Failure to report offender abuse is a class A misdemeanor.

A Department employee who works at a correctional center commits the crime of sexual contact with an offender by having sexual intercourse or deviate sexual intercourse with an offender confined in a correctional center. A probation and parole officer commits the crime of sexual contact with an offender if the officer has sexual intercourse or deviate sexual intercourse with an offender who is under the supervision of the officer. (Deviate sexual intercourse is a very broad term that is not limited to intercourse; it includes other forms of physical contact of a sexual nature.) The offender's consent is not a defense to this crime. Sexual contact with an offender is a class D felony, which carries a maximum sentence of incarceration for four years." (Page 20)

This same policy also provides definitions of prohibited behavior regarding sexual abuse and sexual harassment on pages 2 and 3 under “Definitions” in Section II.

(b) Policy D1-8.13 also designates an upper-level, agency wide PREA Coordinator. Page 5 of this policy states, “To ensure compliance with the Prison Rape Elimination Act (PREA), the department shall employ a full-time PREA manager responsible for implementation and oversight of the department's efforts to prevent, detect, and respond to offender sexual abuse, harassment, and retaliation.” The agency wide PREA Coordinator is in MDOC’s Central Office in Jefferson City and reports directly to the Office of Professional Standards, which in turn, reports to the Director of MDOC. The Auditor was provided a copy of MDOC’s organizational chart outlining this chain of command.

While the agency wide PREA Coordinator does not directly supervise the 21 PREA Site Coordinators (one PREA Site Coordinator per adult state institutions in Missouri) the agency wide PREA Coordinator communicates regularly with Site Coordinators via meetings and email.

The Auditor was provided a copy of MDOC’s organizational chart outlining the Statewide PREA Coordinator position. HCSC also provided the Auditor with a copy of their organizational chart. This chart outlined the Site Coordinator (the Assistant Director) reporting directly to the Director.

Based on the evidence provided through policy, staff and resident interviews, and the tour of the center, HCSC is found to have exceeded the standard for zero-tolerance.

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity’s obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☐ Yes ☐ No ☒ NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☐ Yes ☐ No ☒ NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA

standards.) ☐ Yes ☐ No ☒ NA

- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

HCSC does not contract with other agencies/facilities to house residents assigned to HCSC. This was confirmed through interviews with administrative staff and documentation review.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
- ☒ Yes ☐ No In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC/HCSC developed and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse.

a, c) Since the last PREA audit in 2017, HCSC average daily number of residents has been 16. While HCSC has a design capacity of 40 residents, the staffing plan for HSCS is predicated on average daily population (ADP) of 16. The average length of stay at HCSC is 91 days.

MDOC policy D1-8.3, Offender Sexual Abuse and Harassment, dated June 14, 2019 states, "The department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The staffing plan shall consider the facility's physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the composition of the offender population, and the prevalence of substantiated and unsubstantiated offender sexual abuse allegations. Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted." (page 6)

MDOC Board of Probation and Parole, Policy and Procedure Manual, Community Supervision Centers, P4-4.2, dated August 19, 2013 states, "A staffing plan which protects the clients against sexual abuse shall be developed and documented in an SOP that includes the following: the physical plans of the center, video monitoring systems, and a means of documentation and justification when the center is unable to comply with the established staffing plan." (Page 9)

The Auditor was provided a copy of HCSC's 2019 Staffing Plan Evaluation filed by HCSC showing compliance with this standard.

b) N/A HCSC has had no staffing plan deviations.

The Director stated, "A daily log is completed by each shift. It outlines who and how many are shift. The log also documents any exceptions. Supervisors then review the logs to make sure we are complying. The minimum number of custody staff is two."

The Site Coordinator states, "The Hannibal CSC has not fallen below Minimum Critical Staffing numbers. Staff are mandated to stay from previous shifts to ensure staffing levels."

Based on the evidence provided through policy, staff and inmate interviews, and the tour of the facility, HCSC is found to have met the standard for supervision and monitoring.

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)
☐ Yes ☐ No ☒ NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) ☐ Yes ☐ No ☒ NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). ☐ Yes ☐ No ☒ NA

115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? ☒ Yes ☐ No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? ☒ Yes ☐ No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)(c) MDOC/HCSC does not allow cross-gender strip searches or cross-gender visual body cavity searches of inmates.

MDOC policy D1-8.13, Offender Sexual Abuse and Harassment, dated June 14, 2019, states, "Cross-gender strip searches are not allowed except in exigent circumstances. All cross-gender strip searches shall be documented as outlined in the institutional services and probation and parole procedures regarding searches." (Page 12)

HCSC SOP states, "Frisk Search/Pat Search: Gender specific as trained (cross gender searches are not authorized). Search of a clothed person that includes the skimming of the body with either the hands. Examination should include pockets, shoes, mouth, hair and any article that the person has in their possession at the time of the search...STRIP SEARCHES: Directed strip searches will be conducted only upon approval of the CSC Unit Supervisor, District Administrator or District 3 Unit Supervisors. A strip search will be conducted when there is reasonable suspicion that a resident is concealing dangerous contraband and an immediate search is necessary to prevent the introduction of said items into the facility. Strip searches WILL only be conducted by staff of the same gender. Strip searches are visual inspections only."

MDOC policy IS20-1.3, Searches, dated November 2, 2019 also states, "Strip searches shall be conducted by staff members of the same gender as the subject of the search, except in exigent circumstances. Exigent circumstances include: time delaying a search could allow for the destruction of evidence; escape of an offender; endangerment of life, health or property of staff members, offenders, or the public; and emergency movement situations (i.e. crime scene where evacuation of offenders needs to occur immediately and/or a check for weapons. Upon request, offenders who identify as transgender or intersex, will be provided privacy from other offenders when being strip searched. Staff members shall document a cross gender strip search on the cross-gender search form. The shift supervisor shall make all applicable notifications in accordance with standard operating procedures and forward the cross-gender search form to the PREA site coordinator and include a copy to the use of force packet if applicable. The PREA site coordinator shall review the cross-gender search form. If it is determined the search was conducted under non-exigent circumstances, it shall be referred for review and action as deemed appropriate. The PREA site coordinator shall maintain the cross-gender search form and supporting documents for tracking purposes." (Pages 6 -7)

HCSC reports there have been no incidents of cross-gender strip searches or cross-gender visual body cavity searches of inmates since their last PREA audit in 2017. There have also been no incidents where medical staff have conducted such searches.

The one resident interview supported this practice.

(b) N/A HCSC is a male only facility.

d) MDOC/HCSC has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing them.

HCSC's SOP states, "Residents are allowed to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their breast, buttock, or genitalia, except in exigent circumstances. Residents must dress in assigned areas – Females: in the bathroom with the door closed, Males: In the shower area or in a closed bathroom stall in the Male bathroom. No dressing is permitted in the open dorms. The PREA Announcement will be made in the male and female dorm at the beginning of each shift. Once the announcement has been made other announcements are not required for the remainder of the shift. Announcements shall be recorded on the 2nd page of the Chrono. If a staff member of the opposite gender is required to venture past privacy barriers, and no exigent circumstances exist, the staff member shall knock and verbally announce their presence to the residents to allow the residents to seek privacy from the staff member viewing the offender's buttocks, breast, or genitalia."

MDOC policy D1-8.13 states, "Offenders shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff members of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks in accordance with, institutional services, and probation and parole procedures regarding searches." (Page 12)

While touring HCSC the Auditor heard cross gender announcements when entering living areas where a resident was present.

The resident interviewed reported announcement were made when female staff are on duty.

While observing the shower and restroom areas in the living areas, the Auditor found the following:

- In the main dorms, the restroom and shower areas are located at the front of the dorm. The restroom area contains single stalls with swinging doors for privacy. The shower area is separated by swinging metal doors. Again, to allow for privacy.
- The Honor Dorm contains a single shower and single toilet. Shower and the toilet are in individual stalls behind a metal swinging door.

Strip searches must be approved by the Assistant Director (Site Coordinator) and must be supervised by a shift supervisor.

Interviews with staff supported this practice.

e) MDOC policy D1-8.13 states, "Staff members shall not perform strip or pat-down searches or conduct a physical examination for the sole purpose of determining an offender's genital status in

accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center.” (page 13)

This same language is also found in IS20-1.3, Searches, dated November 3, 2019.

MDOC policy D1-8.13 states, “If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender’s genital status. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members.” (Page 9)

MDOC policy IS11-34.1, Health Assessment and/or Physical Examinations at Reception, dated June 18, 2018, also states, “The facility will not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender’s genital status. If the offender’s genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by the responsible physician.

All staff interviewed reported searching an inmate solely for the purpose of determining genitalia was strictly forbidden.

During the onsite portion of this audit, there were no transgender or intersex residents at the center. This information was confirmed through interviews with administration, random staff and resident.

(f) MDOC policy D1-8.13 states, “Staff members shall be trained in how to conduct cross gender pat down searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible as consistent with security needs.” (Page 13)

HCSC reports 100% of staff have received cross-gender and transgender pat down search training.

Staff interviewed report they received this training while at the academy.

Based on the evidence provided through policy, staff and resident interviews, and the tour of the facility, HCSC is found to have met the standard for cross-gender viewing and searches.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC/HCSC has established procedures to provide disabled residents and residents who are limited English proficient (LEP) equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

a) MDOC policy D1-8.13, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders." (Page 10)

This same policy also states, "To notify hearing impaired offenders of cross gender staff in the housing unit, all housing units should display a sign indicating when a cross gender staff member is present." (Page 12)

MDOC also has in place multiple contracts with Missouri agencies for Sign Language Interpretation Services. These agencies include: Access Interpreters LLC, ASL Communication Services Inc., Associates in Sign Language LLC, Columbia Interpreting Services, Deaf Empowerment Awareness Foundation, Deaf Inter-Link Inc., Global Village Language Center, International Language Center, Interpretek, Interpreters Unlimited, MT & Associates LLC, and TLC Interpreting Services LLC.

The PREA video showed during orientation is also available in closed caption for hearing impaired inmates.

HCSC also has PREA information prepared in braille for any inmate who is visually impaired. PREA Acknowledgement forms (acknowledging PREA education) can also be found in large print. The PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in large print.

All staff at HCSC have received the training, "Special Needs Offenders," during basic training. This curriculum teaches staff to compare and contrast individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Staff are also taught how to assess the potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication.

b) MDOC policy D1-8.13 states, "Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment." (Pages 10- 11).

HCSC has PREA Acknowledgement forms (acknowledging PREA education) in the following languages: Chinese (Simplified and Traditional), English, Japanese, Russian, Serbo Croatian, Spanish and Vietnamese. PREA Brochures outlining zero tolerance and how to report sexual abuse are also available in the same languages.

A written transcript of PREA video showed during orientation is also available in English and in Spanish.

There are no residents assigned to HCSC who have been identified as visually and hearing impaired, physically disabled or have cognitive disabilities.

CONCERN: During the tour of HCSC, the Auditor observed no PREA information was posted throughout the center. This was brought to the Director's attention as a concern and possible compliance issue.

ACTION TAKEN BY HCSC BEFORE COMPLETION OF FINAL REPORT: On July 28, 2020, the Auditor received pictures of bulletin boards located in the Dorms, Honor Dorms, Dining Room, Lobby, and medical corridor. Posters containing zero-tolerance and ways to report sexual abuse were present in English and in Spanish.

c) MDOC policy D1-8.13 states, "Offender interpreters shall not be utilized except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first responder duties, or the investigation." (Page 15)

All HCSC staff interviewed supported this practice.

There are no residents assigned to HCSC who are identified as LEP.

Based on the evidence provided through policy, staff and documentation review, HCSC is found to have met the standard for working with inmates with disabilities and inmates who are limited English proficient.

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? ☒ Yes ☐ No

- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents? ☒ Yes ☐ No

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal State, and local law: Make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.217 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on

substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, f, g) MDOC policy D1-8.13 states, "Department staff members shall not hire or promote any person, employee, or enlist the services of any contractor that may have contact with an offender when it is known that he: has engaged in sexual abuse with an offender in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse." (Page 7)

MDOC application for employment specifically asks these three questions.

b) This same policy also states, "Department staff members shall consider any incidents of sexual harassment in determining whether to hire or promote any person or enlist the services of any contractor who may have contact with offenders in accordance with the department's procedures regarding background investigations, promotional appointments, maintenance of employee records, employee discipline, and labor organizations." (Page 7)

The MDOC Employee Handbook states, "Employees who are arrested or charged with a criminal offense must immediately notify the chief administrative officer or highest-ranking staff member available. In this context, immediate means as soon as possible but no later than the beginning of the next shift worked by the employee. Employees are required to report arrests and charges for all felonies and any misdemeanor, except a minor traffic violation. Alcohol related charges and driving while license is suspended or revoked are not minor traffic violations, so employees must report those matters. Employees must report any citation or arrest for a traffic violation that occurred while operating a state-owned vehicle. In addition to making an immediate oral report, employees must submit to the chief administrative officer a detailed written account of the incident that led to the employee's arrest or filing of criminal charges. Employees must submit this written account before the end of the next shift worked after being arrested or charged. In the event that an employee is on leave, the employee is required to provide written notification as soon as possible but no later than three days after being

arrested or charged. Employees must notify the chief administrative officer in writing about court appearances related to the charges in advance of the court appearance. Employees must promptly provide a written account of the final disposition of the charge. This includes any plea that results in a suspended imposition or execution of sentence.” (Page 18)

c, d, e) MDOC policy D1-8.13 states, “Before hiring new employees the human resources staff members or designee shall: perform a criminal background records check; and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the department procedure regarding background investigations.” (Page 7)

g) The Director stated, “Any inquiries about former employees are not handled at this level. This is referred to Central Office.”

Based on the evidence provided through policy, staff interviews, and documentation, HCSC is found to have met the standard for hiring and promotional decisions.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) HCSC has not acquired a new facility or made a substantial expansion to the existing center since the 2017 PREA audit.

b) MDOC policy D4.4.8, Security Camera Operations, dated November 23, 2019 states, "To assist in the prevention, detection and prosecution of offender sexual abuse and overall security of the facility, the security camera committee will conduct an annual assessment of the entire facility and submit a report to the CAO indicating the status of the camera system and recommend changes and additions. The CAO or designee will maintain a current document reflecting existing video equipment, requests for new purchases, and identified areas needing video surveillance. A copy of this document will be forwarded to the security intelligence unit. When debriefing critical incidents consideration shall be given as to whether security camera equipment or monitoring shall be augmented to supplement supervision by staff members in accordance with department procedures regarding serious incident reporting and debriefing. All changes will be shared with the security intelligence unit." (Page 3)

The Director stated, "We have added one 360-degree camera inside control which views the medical hallway and another hallway."

Based on the evidence provided through policy and the tour of the facility, HCSC is found to have met the standard for upgrades to the facility and technology.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a)

through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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MDOC is responsible for conducting administrative and criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).

a, b, c) MDOC Statewide PREA Coordinator states, "The PREA Unit Investigators utilize nationally recognized protocols for the collection and preservation of evidence as discussed in the 'A national Protocol for Sexual Assault Medical Forensic Examinations.' The protocols utilized are appropriate for youthful offenders. The Department's evidence protocol is outlined in D1-8.8, Evidence Collection, Accountability and Disposal."

All exams are offered at no costs to the residents.

Missouri Revised Statutes, 191.0225.1 states, "All appropriate medical provider charges for eligible forensic examinations shall be billed and paid by the department of health and senior services. No

appropriate medical provider conducting forensic examinations and providing medical treatment to victims of sexual offenses shall charge the victim for the forensic examination...”

All HCSC staff interviewed were able to explain to the Auditor MDOC's requirements as it relates to preserving evidence and securing a crime scene. All staff advised victims and perpetrators would not be allowed to shower, brush their teeth, drink water, smoke, change clothes or use the restroom until they were told they could do so.

In the past 12 months, there have been zero forensic medical exams, SANE/SAFE's, or exams performed by qualified medical practitioner on residents assigned to HCSC.

All SANE's/SAFE's are conducted at the Hannibal Regional Hospital in Hannibal, Missouri. There are no medical services provided onsite.

d, e) MDOC policy D1-8.13 states, “Each facility will offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility will attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt will be documented and advocacy services will be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. When the facility cannot successfully enter into a MOU with an outside community service provider for offender victim advocacy services, or when the outside community advocate is not available, a qualified staff member victim advocate will be provided. All staff members serving as a designated victim advocate for offenders will receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims will be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee will serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee will ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety will receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous, to the office of the inspector general. Offenders will have reasonable access upon their request to the ongoing services of a victim advocate to include: Communication by mail or special visits in as confidential manner as possible to maintain safety and security of the institution. Being informed prior to being given access to a victim advocate, the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates will be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits will be arranged through the PREA site coordinator or designee. Facilities will make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations. The facility will enable reasonable communication between offender victims and these organizations. A list of the above will be maintained in the library and/or other common areas of every facility.” (Pages 21 -22)

MDOC entered a Memorandum of Understanding (MOU) with Avenues to provide victim advocates from a community-based crises center for victims of sexual abuse at HCSC. This MOU was signed in 2015 and is ongoing until either party terminates the agreement.

There were no residents onsite to be interviewed who had reported sexual abuse in the past 12 months.

f) N/A MDOC is responsible for administrative and criminal investigations of sexual abuse at HCSC.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, HCSC is found to have met the standard for evidence protocol and forensic examinations.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).) ☐ Yes ☐ No ☒ NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC/HCSC ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident and staff sexual misconduct).

a, b) a, b) MDOC policy D1-8.13 states, "The department shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website." (Page 20)

This same language is also found in MDOC policy D1-8.1, Office of Professional Standards, dated July 1, 2017. MDOC PREA Unit is housed under the Office of Professional Standards.

MDOC policy D1-8.4, Institutional Investigations, dated July 1, 2017 covers administrative investigations. This policy states, "An inquiry or investigation may be conducted by an institutional investigator when: an offender may have engaged in a violation of offender rules; or, there is staff member on offender sexual harassment. Allegations of offender sexual harassment or offender sexual abuse related to pat searches or uses of force will be processed in accordance with the PREA coordinated response protocol." (Page 3)

There have no allegations of sexual abuse or sexual harassment at HCSC since the last PREA audit in 2017.

c) N/A MDOC is responsible for administrative and criminal investigations of sexual abuse at HCSC.

Based on the evidence provided through policy and documentation review, HCSC is found to have met the standard for policies to ensure referrals of allegations for investigations.

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
☒ Yes ☐ No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? ☒ Yes ☐ No

115.231 (c)

- Have all current employees who may have contact with residents received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, c) HCSC has trained 100% of their staff in the prevention, detection, and response to sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "All new staff members shall complete the department's online sexual misconduct and harassment training within 5 working days of employment. All staff members shall receive initial PREA training during the department's basic training. All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years in which an employee is not required to complete training, the department's PREA manager shall provide current information on sexual abuse and sexual harassment policies via the department's PREA intranet page <http://docintranet.ads.state.mo.us/Division/OD/PREA.htm>." (Page 7)

CONCERN: While all staff interviewed were able to discuss details of the PREA training they received during basic training and annual PREA refreshers, further conversations with staff revealed they struggled how to apply certain aspects of the training. For example, one staff person shared he had to talk to a resident about PREA because he caught him trying to smell the hair of a female staff person without her knowledge. This staff person stated he talked to the resident about how “a PREA could be filed against him for doing that.” Other staff persons provided similar examples of misunderstanding the foundation of PREA versus a resident’s behavior issue that needed to be addressed. These concerns were shared with the Director.

ACTION TAKEN BY HCSC BEFORE COMPLETION OF FINAL REPORT: On August 5, 2020, the Director and the Statewide PREA Coordinator, Vevia Sturm, conducted a staff training titled, “PREA: Connecting the Pieces.” This training was provided to all custody staff (signed rosters were provided to the Auditor). This training covered topics such as: what is PREA, definitions, searches, and responsibilities.

b) While HCSC is a male only facility, the same MDOC policy addresses gender specific training staff will receive when working at a female facility or when they transfer to a female facility from a male facility. This policy states, “All new staff members who shall be placed at a female facility shall receive Working With The Female Offender training prior to being placed at a post. Staff members shall receive additional training if they are reassigned from a facility that houses only male offenders to a facility that houses only female offenders. Staff members shall receive additional training if they are reassigned from a facility that houses only female offenders to a facility that houses only male offenders if their basic training or institutional basic training occurred more than two years prior to the time of assignment.” (Page 8)

d) MDOC policy D1-8.13 states, “All completed PREA training shall require a PREA acknowledgment form or PREA basic training acknowledgment form stating the staff member understood and completed the training. This form shall be routed through the facility training officer or regional training coordinator. The facility training officer or regional training coordinator shall send the original PREA acknowledgment form to the central office human resources personnel for retaining in the employee’s personnel file.” (Page 8)

HCSC documents, through employee signature, the understanding and completion of the training they have received. The Auditor reviewed two staff files and found each staff person had PREA training.

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for employee training.

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? ☒ Yes ☐ No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) HCSC has trained 100% of all contractors and volunteers who enter the facility and have contact with the inmates.

MDOC policy D1-8.13 states, "All part-time employees, volunteers, and contract staff members shall receive PREA training specific to their classification as determined by the appropriate division director and chief of staff training... Vending contractors shall be escorted by a staff member at all times or shall receive PREA training prior to entering the facility." (Page 7)

All volunteers interviewed report receiving PREA training that included the zero-tolerance policy and how to report sexual abuse or sexual harassment.

c) MDOC policy states, "Volunteer acknowledgment forms shall be retained in the volunteer's file by designated facility staff members. Vending contractors' acknowledgment forms shall be retained in the vendor file by designated facility staff members. Work release supervisor acknowledgment forms shall be retained by the work release coordinator at the facility in the work release supervisor's file." (Page 8)

Based on the evidence provided through policy, interviews, and documentation review, HCSC is found to have met the standard for volunteer and contractor training.

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? ☒ Yes ☐ No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? ☒ Yes ☐ No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? ☒ Yes ☐ No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) HCSC reports 73 inmates have received PREA education in the past 12 months in accordance with policy.

MDOC policy D1-8.13 states, "The department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment." (Page 12)

All staff state every resident is given a PREA flyer when they first come into the center. The flyer covers the zero-tolerance policy and how to report sexual abuse and sexual harassment. Staff also advise the PREA orientation video is then shown 24 hours later.

The resident interviewed reported receiving PREA information the first day he arrived at HCSC.

HCSC documents all inmate education. The Auditor was provided examples of signed resident acknowledgments.

e) During the tour of HCSC, the Auditor observed no PREA information was posted throughout the center. This was brought to the Director's attention as a concern and possible compliance issue.

ACTION TAKEN BY HCSC BEFORE COMPLETION OF FINAL REPORT: On July 28, 2020, the Auditor received pictures of bulletin boards located in the Dorms, Honor Dorms, Dining Room, Lobby, and medical corridor. Posters containing zero-tolerance and ways to report sexual abuse were present in English and in Spanish.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, HCSC is found to have met the standard for resident education.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
☒ Yes ☐ No ☐ NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
☒ Yes ☐ No ☐ NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
☒ Yes ☐ No ☐ NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Gerrity, sexual abuse evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator. The investigator was able to discuss various topics covered in the training they received.

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for specialized investigation training.

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of

sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

☐ Yes ☐ No ☒ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☐ Yes ☐ No ☒ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☐ Yes ☐ No ☒ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☐ Yes ☐ No ☒ NA

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.) ☐ Yes ☐ No ☒ NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☐ Yes ☐ No ☒ NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) ☐ Yes ☐ No ☒ NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) N/A HCSC does not have medical or mental health professionals onsite.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? ☐ Yes ☐ No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral?
☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Request?
☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?
☒ Yes ☐ No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has three classifications determined by the Adult Internal Risk Assessment (AIRA): Alpha (High Risk of Abusiveness), Kappa (Low Risk for either Abusiveness or Victimization), or Sigma (High Risk of Victimization).

a, b, c, h) MDOC policy D1-8.13 states, “Facilities will assess offenders for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment in accordance with the institutional services procedure regarding diagnostic center reception and orientation, and probation and parole procedures regarding the community supervision center, the community release center, and contracted residential facilities. Offenders will be assessed within 72 hours of arrival...The offender shall not be disciplined for refusing to answer or not disclosing complete information during the assessment.” (Pages 8 and 9)

MDOC Board of Probation and Parole, P4-4.2, states, “Prison Rape Elimination Act (PREA). Upon the client’s arrival, the CSC staff member, as designated in the Standard Operating Procedure (SOP), shall complete the intake process with the client, which shall include the following...The client shall be assessed utilizing the [Risk of Victimization and Abusiveness Screening Tool](#) form (Attachment C) to identify those at risk for being sexually abusive or sexually abused. The initial screening shall be completed within 72 hours of the client’s arrival at the CSC. Clients will be reassessed utilizing the [Risk of Victimization and Abusiveness Screening Tool](#) form (Attachment C) within 30 days from the date of initial assessment and at any other time when warranted based upon the receipt of additional relevant information or following an incident of abuse or victimization. Staff must inform clients before they begin the screening that they are not required to answer any of the questions. Clients shall not be disciplined for refusing to answer or for not disclosing complete information in response to questions asked on the screening form.” (Pages 7 and 8)

All staff interviewed who perform the AIRA stated the initial assessment is done the first day at HCSC.

The resident interviewed supported this practice.

d, e) AIRA contains the ten elements identified in these subsections.

Interviews with the staff who conduct the AIRA report the instrument considers age, build, weight, sexual orientation, institutional violence, criminal history and sex offenses.

f, g) MDOC policy states, “Offenders shall be reassessed within 30 days of arrival. The reassessment shall consider additional relevant information received by the facility after the initial intake screening. The offender’s risk level shall be reassessed when warranted due to a referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offender’s risk of sexual victimization or abusiveness.” (Page 9)

MDOC Board of Probation and Parole, P4-4.2 echoes this same language.

HCSC has not had any assessment exceed the 72 hour or 30-day reassessment timeline. The Auditor reviewed the records of three residents and found all residents had their initial assessment and 30-day assessment completed within the required timeframe.

i) MDIC/HCSC has appropriate controls on the dissemination within the center of responses to questions asked pursuant to this standard.

MDOC has assigned security levels to specific job descriptions. Only supervisors and administration staff have the security level to access the questions on the AIRA. Custody staff only have security permissions to access the final classification of Alpha, Kappa or Sigma.

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for screening for risk and abusiveness.

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? ☐ Yes ☐ No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No

- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? ☒ Yes ☐ No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b) MDOC policy IS5-2.3, Offender Internal Classification, dated March 17, 2019 states, "The department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines. Offenders placed in temporary administrative segregation confinement, administrative segregation confinement, disciplinary segregation confinement, protective custody, or transitional care units will be assigned a cell according to the offender's internal classification score. Staff members who supervise offenders in required activity assignments will utilize the internal classification score to monitor offenders in accordance with institutional services procedures regarding required activities." (Page 2)

MDOC Board of Probation and Parole, P4-4.2, states, "The screening information shall be used to guide housing, work detail, education, and program assignments with the goal of keeping separate clients at risk of being sexually victimized from clients at risk of being sexually abusive. The CAO/designee shall make individualized determinations about how to ensure the safety of each client based on the screening review." (Page 8)

c, d, e, f, g) MDOC policy D1-8.13 states, "If the gender of the offender is unknown at the time of intake, staff members will not search the offender for the sole purpose of determining the offender's genital status. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted in private by the appropriate health care staff members. Housing assignment for transgender and intersex offenders will be made as outlined in this procedure, on a case-by-case basis by the institutional transgender or intersex committee or designee of the community confinement facilities to ensure the health and safety of the offender in accordance with the institutional services procedure regarding offender housing assignments, transgender and intersex offenders and the probation and parole procedure regarding risk assessment and housing assignments." (Page 9)

MDOC Board of Probation and Parole, P4-4.2, states, "Staff shall provide heightened protection to clients identified to be at risk of victimization. This shall include increased direct sight and sound monitoring, and placement in a housing area actively monitored on video by staff sufficiently proximate to intervene, unless no such option is determined by CAO/designee to be feasible. When making assignment decisions for a transgender or intersex client, the CAO/designee shall consider the following: the client's gender self-identification, and assessment of the effects of placement on the client's health and safety and that of other clients. Transgender and intersex clients shall be given the opportunity to shower separately from other clients." (Page 8)

The Director stated, "We have two cameras in our open bay dorm. It is a high visibility area. If needed, we can move those who are more vulnerable to beds closest to the door. We would also use more frequent walk throughs. We can also move them to a smaller dorm with less people for safety."

MDOC also utilizes a transgender committee to provide individualized decision making. MDOC policy D1-813 states, "Each institution will have a transgender committee to make informed decisions regarding the health and safety of transgender and intersex offenders assigned at that facility. The transgender committee shall meet with the offender upon arrival at the facility and every six months thereafter or more often if deemed necessary. The transgender committee will complete a written report within 10 working days of the offender's arrival at the facility and after each 6-month meeting. The report should be forwarded to the appropriate deputy division director of the division of adult institutions; the director of the division of rehabilitative service and the PREA manager for review and approval. A response should be made back to the transgender committee within 10 working days. The written decision shall be maintained in the offender's classification and medical records in accordance with departmental procedures regarding record retention. The transgender committee meeting and subsequent written report shall include the following: offender's view of his vulnerability within the general population, historical overview of the offender's transgender/intersex status, Include information regarding where the offender is in the transition process, amount of time living as a transgender, and the offender's concerns and views regarding the transition process and review of the offender adult internal risk assessment, The report should show the adult internal risk assessment was reviewed and whether the offender required a reassessment. If information is obtained which would affect the offender's classification, the offender will be reassessed utilizing the adult internal risk assessment. review of the offender's institutional adjustment, PREA allegations/investigations, review of programming assignments, recommendations regarding the offender's health and safety to include: housing assignment, Housing assignments for transgender or intersex offenders shall not be made based solely on genitalia but shall consider the offender's health and safety and the security of the facility through a review of the respective classification, medical and mental health records. The transgender or intersex offender's own views with respect to his safety shall be given serious consideration when determining housing. showering, Transgender or intersex offenders shall be offered the opportunity to shower separately from other offenders. special needs. If the contracted mental health provider recommends hormone replacement therapy the recommendation will be included in the transgender committee report. If specialized clothing, such as a support garment, is recommended, the recommendation shall be included in the report. A written doctor's recommendation shall accompany the report." (Page 11)

There were no transgender inmates assigned to HCSC during the onsite portion of this audit. This was confirmed through interviews with staff and administration.

h) HCSC does not have dedicated dorms to house gay, bisexual, transgender or intersex residents.

Interviews with staff, administration and a resident confirm this practice.

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for use of risk screening information.

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request? ☒ Yes ☐ No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☐ Yes ☐ No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☐ Yes ☐ No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC/sHCSC has multiple ways for residents to report sexual abuse and sexual harassment.

MDOC policy D1-8.13 states, "Each facility's CAO or designee shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff member neglect, and violation of responsibilities that may have contributed to an incident of offender sexual abuse, to include but not limited to: informal resolution request (IRR), grievance process, or offender complaint, a staff member, PREA hotline, and advocacy agency. Offenders may make anonymous reports of allegations of offender sexual abuse to the Department of Public Safety, Crimes Victims Services Unit. All offender mail addressed to the Crimes Victims Services Unit shall be treated as confidential mail and not subject to examination. Facilities shall maintain strict policies prohibiting mailroom staff from revealing to staff members or administrators the fact that an offender sent correspondence to the sexual abuse reporting entity. Allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure." (Page 13)

MDOC does not house inmates solely for civil immigration purposes.

MDOC has a memorandum of understanding with the Missouri Department of Public Safety (DPS) which allows DPC to receive written correspondence of allegations of offender sexual abuse and harassment. This MOU was signed in 2014 is continuously renewed.

HCSC has not received third-party or anonymous reports in the past 12 months.

All staff interviewed were able to describe multiple ways residents could report sexual abuse.

The resident interviewed reported they knew of multiple ways to report sexual abuse including writing a note and telling an officer.

d) This same policy also states, "Staff members may anonymously report allegations of offender sexual abuse, harassment, or retaliation utilizing the employee reporting hotline in accordance with department procedure regarding discrimination, harassment, retaliation, or unprofessional conduct." (Page 13)

HCSC staff may utilize the C.L.E.A.R (Confidential Line for Employee Allegations and Reporting) Line. Employees may call or email this service.

All staff interviewed reported they would not anonymously report sexual abuse or sexual harassment. They advised they would go directly to their supervisor.

Based on the evidence provided through policy, staff and resident interviews, and documentation review, HCSC is found to have met the standard for resident reporting.

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☐ Yes ☒ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC/HCSC is not exempt from this standard.

b, c) MDOC policy D1-8.13 states, "The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse. The department shall not impose a time limit for an offender submitting a grievance or complaint regarding an allegation of sexual abuse. The department may apply otherwise applicable time limits to any portion of a grievance or complaint that does not allege an incident of sexual abuse in accordance with the department procedure regarding offender grievance, institutional investigations, and office of professional standards." (Page 14)

MDOC policy D5-3.2, Offender Grievance, dated January 1, 2015 states, "There will be no time limit for submitting complaints regarding allegations of offender sexual abuse. All complaints regarding offender sexual abuse will be processed as outlined in accordance with this procedure. The department will not require an offender to use the informal grievance process, or to otherwise attempt to resolve with staff members, an alleged incident of offender sexual abuse. All informal resolution requests, offender grievances or offender grievance appeals containing allegations of offender sexual abuse, will be processed in the manner outlined in this section. An offender who alleges offender sexual abuse may submit an informal resolution request, offender grievance, or offender grievance appeal without submitting it to a staff member who is subject to the complaint. A staff member who is the subject of the complaint should not be the respondent. When the staff member responsible for processing informal resolution requests, offender grievances, or offender grievance appeals receives a complaint alleging offender sexual abuse, a copy of the form will be forwarded to the shift commander and the offender sexual abuse coordinated response will be initiated in accordance with the department procedure regarding PREA." (Pages 9, 16 -17)

d) MDOC policy D5-3.2 states, "Informal resolution request alleging sexual abuse will be processed normally with the exception of the following: A response should be completed as soon as practical, but no later than 30 calendar days of receipt. Offender grievances alleging sexual abuse will be processed

normally with the following exceptions: the CAO or designee should respond within 30 calendar days of receipt. Computation of the 30-day time period will not include the days between the offender's receipt of the informal resolution request and receipt of the offender grievance by the grievance officer or designee. Offender grievance appeals alleging offender sexual abuse will be processed normally with the following exceptions: a response should be provided as soon as practical, but no later than 30 calendar days of receipt. Computation of the 30-day time period will not include the days between the offender's receipt of the offender grievance response and receipt of the offender grievance appeal by central office grievance staff members. Appeals will be referred to the deputy division director or designee. An extension of time to respond, of up to 70 days, may be claimed if the normal time period for response is insufficient to make an appropriate decision. The offender will be notified in writing of any such extension and will be provided a date by which a response will be provided. At any level of the administrative process, including the offender grievance appeal level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may proceed to the next level of the offender grievance process." (Page 17)

HCSC has had no grievances filed alleging sexual abuse in the past 12 months.

The grievance process is also found in the HCSC Resident Handbook.

e) This same policy states, "Third Party Reporting: Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for informal resolution requests, grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution. When a staff member receives a request from a third party to file a complaint via the offender grievance procedure on behalf of an offender regarding allegations of offender sexual abuse. The staff member will require the party making the complaint to submit such in writing. Administrative or case management staff members will then prepare a report of incident in accordance with procedure for possible investigation or inquiry. When a staff member receives the documentation from the reporting third party, it will be attached to an informal resolution request form and will immediately be recorded in accordance with this procedure. A copy of the documentation will also be forwarded to the CAO or designee in order to be attached to the possible investigation or inquiry. The case manager shall attempt to discuss the issue with the offender (victim) prior to developing a response to confirm if the alleged victim agrees to have the request filed on his behalf. If the offender declines to have the request process on his behalf, the case manager shall document the offender's decision in the discussion section of the informal resolution request form and the complaint shall be considered withdrawn for grievance purposes. If the offender agrees to have the request processed on his behalf, it will then be documented in the discussion section of the informal resolution request and will be processed normally in accordance with this procedure." (Pages 17 -18)

f) This same policy also states, "Allegations of offender sexual abuse by employees shall immediately be reported to the CAO or designee for possible investigation or inquiry. If the staff member who processes the informal resolution requests determines that it meets the definition of a PREA emergency complaint, the offender will be provided an informal resolution request form. Emergency informal resolution requests will be processed as follows: The offender will request an informal resolution request form from case management staff members and briefly state the issues and subject of complaint in accordance with this procedure. When a staff member receives the completed informal resolution request form from the offender, the staff member will record receipt of the form in accordance with this procedure and it will be taken to the CAO or designee immediately. Upon receipt of an informal resolution request from an offender, the CAO or designee may confer with the PREA site coordinator to make the determination if the informal resolution request should be handled as an

emergency. The CAO or designee will prepare an initial response which will be attached to the informal resolution request and provided to the offender within 48 hours of receipt of the initial filing date. The offender will sign and date the response. A final response from the CAO or designee will be provided to the offender within 5 calendar days from the initial filing date. The offender will sign and date the form. The initial and final response for the informal resolution request shall document the department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency informal resolution request. If the offender is unsatisfied with the final response for the informal resolution request and chooses to file a grievance, an offender grievance form will be provided. The grievance or grievance appeal will then be processed as a non-emergency PREA complaint as noted in this procedure." (Pages 18 – 19)

g) The grievance policy also states, "No reprisals shall be taken against any offender for use of, or participation in, the offender grievance procedure. Offenders may be held accountable for misusing or abusing the offender grievance procedure as stated in this procedure. This action is not considered a reprisal...All offenders are encouraged to utilize this procedure for the redress of grievances; however, offender must refrain from knowingly and deliberately filing improper, duplicative, expanded or frivolous IRR, offender grievances or offender grievance appeals." (Pages 4, 5)

Based on the evidence provided through policy and documentation review, HCSC is found to have met the standard for exhausting administrative remedies.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b, c) MDOC policy D1-8.13 states, "Each facility will offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility will attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt will be documented and advocacy services will be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. When the facility cannot successfully enter into a MOU with an outside community service provider for offender victim advocacy services, or when the outside community advocate is not available, a qualified staff member victim advocate will be provided. All staff members serving as a designated victim advocate for offenders will receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims will be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee will serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee will ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety will receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous, to the office of the inspector general. Offenders will have reasonable access upon their request to the ongoing services of a victim advocate to include: Communication by mail or special visits in as confidential manner as possible to maintain safety and security of the institution. Being informed prior to being given access to a victim advocate, the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates will be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits will be arranged through the PREA site coordinator or designee. Facilities will make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations. The facility will

enable reasonable communication between offender victims and these organizations. A list of the above will be maintained in the library and/or other common areas of every facility.” (Pages 21 -22)

MDOC entered a Memorandum of Understanding (MOU) with Avenues to provide victim advocates from a community-based crises center for victims of sexual abuse at HCSC. This MOU was signed in 2015 and is ongoing until either party terminates the agreement.

The Director stated, “Phone calls are not monitored, and residents are allowed to leave facility and regularly have access to their own cell phones.”

There were no residents onsite to be interviewed who had reported sexual abuse in the past 12 months.

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for residents’ access to outside confidential resources.

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) Methods to report sexual abuse and harassment are made available to the public via the Department’s website which you can access at <http://doc.mo.gov/OD/PREA.php>.

HCSC now has posters in the lobby that outline ways for friends and family to report sexual abuse or sexual harassment.

Based on the evidence provided through policy, staff and documentation review, HCSC is found to have met the standard for third-party reporting.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☐ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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a, c, d, e) MDOC policy D1-8.13 states, "Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. Medical and mental health staff members shall inform offenders at the initiation of services of the practitioner's duty to report in accordance with statutes." (Page 6)

Missouri Revised Statute Chapter 217, Department of Corrections, Section 217.410, outlines staff duty to report.

Missouri Revised Statute Chapter 630, Department of Mental Health, Section 603.005, defines a vulnerable person as any person in the custody, care, or control of the department that is receiving services from an operated, funded, licensed, or certified program. Section 630.163 also outlines staff duty to report.

All staff interviewed reported they were mandated reporters of sexual abuse and sexual harassment. Staff reported failure to report could result in disciplinary action up to termination. Many staff also reported there could be legal repercussions for failing to report sexual abuse or sexual harassment of inmates.

b) This same policy states, "Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions." (Page 6)

All staff interviewed state “confidentiality” and “zero-tolerance” are stressed during training.

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for staff and agency reporting duties.

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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a) MDCO policy D1-8.13 states, “When an offender is believed to be in substantial risk of victimization, the shift commander shall assess the offender to ensure housing in the least restrictive housing. “If TASC is determined to be the least restrictive housing the shift commander shall note on the TASC order the offender is being placed in segregated housing due to a PREA risk. The offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units.” (Page 17)

MDOC Board of Probation and Parole, P4-4.2 states, “If a staff member has a reasonable belief that a client is subject to risk of sexual abuse, or a third party or anonymous report is received, then action shall be taken to protect the client.” (Page 9)

The Director stated, “I expect my staff to keep the resident safe and notify a supervisor immediately.”

All staff interviewed reported they would notify their supervisor immediately if they learned of a resident who may be in imminent danger.

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for agency protection duties.

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.263 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a) MDOC policy D1-8.1 states, "Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will

be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Page 9)

HCSC has not received a report for sexual abuse from another confinement facility since the last PREA audit in 2017.

The Director stated either he or the Assistant Director (Site Coordinator) would be responsible for making the report to the other facility.

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for reporting to other confinement facilities.

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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a, b) MDOC policy D1-8.13 outlines staff first responder requirements. The policy states, "3. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. If the allegation is reported directly to a facility administrator, the administrator can initiate the coordinated response to ensure confidentiality utilizing the notification checklist. In the event of an allegation of a penetration act, the first responder shall take the following steps. (1) Ensure the safety of the victim. (2) Request the victim not to take any actions that may destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable. (3) To the extent possible, ensure the alleged perpetrator does not take any actions that could destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The shift commander or shift supervisor shall make telephone notifications and respond as outlined in the division's coordinated response to offender sexual abuse protocol. In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol." (Pages 15 -16)

HCSC requires staff, volunteers, and contractors to follow the same protocol. Every person who has contact with inmates are issued a "First Responder Card" which outlines the protocol everyone must follow.

In the past twelve months there has been no non-security staff who have acted as first responder.

All staff interviewed were able to articulate the facilities requirements as a first responder

All volunteers interviewed supported the practice of first responder duties as outlined in MDOC policy.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, HCSC is found to have met the standard for staff first responder duties.

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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a) HCSC has formalized Coordinated Response plan in place for staff, volunteers and contractors. This plan echoes the requirements found in MDOC policy D1-8.13, and MDOC P4-4.2.

All staff interviewed were able to explain the coordinated response to the Auditor.

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for coordinated response.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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a) The Department of Corrections Division of Adult Institutions and the Missouri Corrections Officers Association (MOCOA) Corrections I and II Bargaining Unit have entered into an agreement that permits the agency to remove alleged staff sexual abusers from contact with any inmates pending an investigation or a determination of whether and to what extent discipline is warranted.

This agreement ended in 2018, however, MDOC is currently working with MOCOA to renew the agreement. While this is pending, MDOC is honoring the 2018 agreement.

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for the preservation of ability to protect residents from contact with abusers.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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a) MDOC policy D1-8.13 establishes procedures for monitoring retaliation. This policy states, "The PREA site coordinator shall ensure all victims and reporters and those that cooperate with offender sexual abuse and harassment investigations or inquiries are monitored and protected from retaliation." (Page 14)

b, c, d, e, f) MDOC policy D1-8.13 states, "Following any reported incident of sexual abuse or harassment, monitoring for retaliation shall be conducted in the following manner: The alleged victim of offender sexual abuse shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation. Monitoring shall include face-to-face status checks by a staff members a minimum of every 30 days. The assessment-retaliation status checklist form shall be used during each of the assessment interviews. If the victim expresses fear of retaliation, monitoring shall continue for an additional 90 day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded. The PREA site coordinator or designee shall ensure individuals receive an initial assessment utilizing the assessment-retaliation status checklist form when they report and cooperate with offender sexual abuse or sexual harassment investigations or inquiries. Reporters or witnesses who voice they have no concerns regarding potential retaliation shall not receive further monitoring. Reporters and witnesses shall sign the assessment-retaliation status checklist form showing they have no concerns regarding potential retaliation. The PREA site coordinator shall report all evidence of retaliation to the CAO or designee to ensure an inquiry or investigation is initiated in accordance with department procedures regarding office of professional standards and institutional investigators. If possible retaliation is suggested, the PREA site coordinator shall act promptly to remedy any such retaliation and protect the individual." (Page 14)

This same policy also states, "The PREA site coordinator shall ensure victims, reporters, and witnesses that report a fear of retaliation or possible victims of retaliation be offered emotional support services. Emotional services for offender victims, reporters, or witnesses include but are not limited to a referral to mental health, chaplain, or advocacy when appropriate. Emotional services for staff member reporters or witnesses include but are not limited to, the employee assistance program, peer action and

care team referral, and/or chaplain referral. All action taken to remedy retaliation or services offered to the victims or suspected victims shall be noted on the assessment-retaliation status checklist form. In the event that a victim is transferred during a period of monitoring, the PREA site coordinator shall forward the assessment-retaliation status checklist form to the PREA site coordinator in the receiving institution. The PREA site coordinator at the receiving institution shall ensure monitoring continues as outlined in this procedure. The PREA site coordinator shall ensure the completed assessment-retaliation status checklist form is returned to the originating institution to be filed in the PREA incident file for future audits. If released to a community confinement facility monitoring shall continue. If released to a field probation and parole office, monitoring shall stop. In the event the allegations are determined to be unfounded the agency shall terminate monitoring. (Pages 14, 15)

The Director and Site Coordinator are responsible for monitoring retaliation at HCSC. Since the last PREA audit of 2017, HCSC has not any allegations of sexual abuse or sexual harassment.

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for monitoring retaliation.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) ☐ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? ☒ Yes ☐ No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
☒ Yes ☐ No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
☒ Yes ☐ No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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The PREA Unit in the Offender of Professional Standards conducts all offender sexual abuse investigations. Sexual harassment and allegations involving searches are conducted by trained institutional investigators.

a, d, e, f, g, h, j) MDOC policy D1-8.1, Office of Professional Standards, states, "All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. Upon receiving a report of offender sexual abuse, including staff on offender and offender on offender, the CAO or designee shall ensure the allegation is forwarded to the PREA unit within 2 business days of receipt. Allegations involving offender sexual harassment or offender abuse related to pat searches will be addressed as outlined in the institutional investigators procedure. Within 2 business days of receipt, the PREA unit will determine if the allegation meets PREA definitions or if additional information is needed. If additional information is needed the PREA unit will contact the PREA site coordinator to request the additional information. A written report will be created at the conclusion of any inquiry or investigation and a copy will be provided to CAO and division director or designee. Any action taken as a result of an inquiry or

investigation shall be reported to the PREA unit within 5 business days of receiving the report. Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours." (Pages 8, 9)

b) MDOC policy D1-8.13 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training." (Page 8)

Auditor reviewed the MDOC curriculum titled, "Investigating Offender Sexual Abuse in Confinement Settings," dated September 24, 2012, revised September 22, 2016. This curriculum covers interviewing techniques of sexual abuse victims, proper use of Miranda and Gerrity, sexual abuse evidence collection in confinement settings, and the criteria needed to substantiate a for administrative action or prosecution referral.

The Auditor also reviewed certificates showing investigators in the PREA: Unit had completed the National Institute of Corrections (NIC) only training titled, PREA: Investigating Sexual Abuse in a Confinement Setting.

The Auditor interviewed one PREA Unit Investigator.

Since the last PREA audit of 2017, HCSC has not any allegations of sexual abuse or sexual harassment.

c) MDOC policy D1-8.8, Evidence Collection, Accountability and Disposal, outlines the agency's requirements in gathering and preserving direct and circumstantial evidence.

The interview with the investigator reported they would collect video surveillance, phone calls, logs and interviews as evidence in many cases of sexual harassment. When asked about criminal cases, the Auditor advised in addition to what was already mentioned they would take photographs and collect DNA.

i) MDOC retains all investigative files for 90 years.

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for criminal and administrative investigations.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 defines the Preponderance of Evidence as enough proof to show that something is more likely to have occurred than not to have occurred. This same policy also states, "Administrative investigations shall impose no standard higher than the preponderance of evidence in determining whether an allegation of offender sexual abuse or harassment is substantiated."

The investigator interviewed reported they use the preponderance of evidence (51%) to determine proof.

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for evidentiary standard for administrative investigations.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☐ Yes ☐ No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, " Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA manager shall make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification form or the alleged sexual abuse by staff member notification form. Notification shall not be made to the offender following an investigation or inquiry regarding sexual harassment." (Pages 20, 21)

The investigator interviewed reported notification is made to all residents in the case of sexual abuse. They advise if the resident leaves the center the attempt at notification is still made.

b) N/A MDOC is responsible for conducting administrative and criminal investigations of sexual abuse and sexual harassment.

c) This same policy states, "All subsequent notifications shall be made when: Staff member on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs (unless the inquiry or investigation is unfounded): The staff member perpetrator is no longer assigned to the housing unit. The staff member perpetrator is no longer employed by the department. The staff member perpetrator has been indicted on a charge related to sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution." (Page 21)

HCSC had no residents who reported sexual abuse onsite to interview during this portion of the audit.

d) This policy also states, "Offender on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs. The offender has been indicted on a charge related to sexual abuse within the institution. A disposition of charges exists related to sexual abuse within the institution." (Page 21)

HCSC had no residents who reported sexual abuse onsite to interview during this portion of the audit.

e, f) MDOC D1-8.13 states, "The departmental PREA manager shall forward the written notification to the offender via the PREA site coordinator. The PREA site coordinator shall ensure that the written notification is provided to the offender in a confidential manner. The original notification shall be signed by the offender and witnessed by a staff member. The offender shall be offered a copy of the letter, but shall have the right to decline the letter. The original notification shall be forwarded to the department's PREA manager for tracking. In the event the offender has been released from custody and is not being housed in the community release center or the community supervision center and the duty to report ends." (Page 21)

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for reporting to inmates.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

HCSC has not had any investigation or instance where a staff member was terminated following a substantiated investigation during or reported to any law enforcement agency.

a, b, c, d) MDOC policy D2-9.1 Employee Discipline, dated May 1, 2019, outlines MDOC disciplinary process for all employees.

MDOC policy D1-8.13 states, "Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures. Termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All terminations for violations or the resignation of a staff member, who would have been terminated if not for their resignation, shall be reported to relevant licensing or accreditation bodies and law enforcement." (Page 24)

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for disciplinary sanctions for staff.

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC policy D1.8.13 states, "Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law enforcement. The CAO or designee of the department facility or contracted facility shall take appropriate measures and consider whether to prohibit further contact with offenders in the case of any other violations." (Page 24)

The Director stated, "We have not had that happen. However, we would restrict them from the center while there were being investigated."

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for corrective action for volunteer and contractors.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? ☒ Yes ☐ No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.278 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) MDOC policy D1-8.13 states, "Offenders shall be subject to disciplinary sanctions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt when the offender engaged in offender on offender sexual abuse in accordance with divisional and institutional services procedures regarding offender accountability program." (Page 23)

b) This same policy states, "Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable

offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding offender accountability program.” (Page 23)

c) This policy states, “ The disciplinary process shall consider whether an offender’s mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding offender accountability program.” (Page 23)

d) MDOC policy states, “Is found guilty of sexual abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff members, as available, in accordance with divisional and institutional services procedures regarding offender accountability program.” (Page 23)

e) This same policy states, “An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding offender accountability program.” (Page 24)

f) All staff interviewed report they received information in training regarding good faith reports. They advised training covered inmates being free from punishment for making a report of sexual abuse or sexual harassment.

g) MDOC policy states, “The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders shall not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding offender accountability program.” (Page 24)

Based on the evidence provided through policy and documentation review, HCSC is found to have met the standard for disciplinary sanctions for residents.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? ☒ Yes ☐ No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

HCSC does not have medical or mental health services onsite.

a) MDOC policy D1-8.13 states, "Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment." (Page 17)

b) This same MDOC policy states, "If no qualified medical or mental health practitioners are on duty at the time a report of a penetration event that occurred within 120 hours within a correctional facility, or 92 hours within a community confinement facility, custody staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners." (Page 17)

The Director stated, "Local mental health issues are referred to Mark Twain Behavioral Health or Hannibal Regional Hospital. Medical issues are referred to the hospital or local medical providers. We do not provide onsite services."

c) This same policy states, “Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate.” (Page 18)

d) All medical and mental health services are offered at no cost to the inmate or perpetrator of sexual abuse as done per policy in MDOC D1-8.13.

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for access to emergency medical and mental health services.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be*

residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) ☐ Yes ☐ No ☒ NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, f) HCSC offers medical and mental health services and treatment to all residents who have been victims of sexual abuse.

MDOC policy D1-8.13 states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate." (Page 17)

The Director stated, "Local mental health issues are referred to Mark Twain Behavioral Health or Hannibal Regional Hospital. Medical issues are referred to the hospital or local medical providers. We do not provide onsite services."

b, h) HCSC offers follow up medical and mental health services as needed to all residents who have been victims of sexual abuse.

MDOC policy D1-8.13 states, "Each victim and abuser shall be offered medical and mental health evaluations, and as appropriate, treatment to include appropriate follow-up services and treatment plans. When necessary, referrals shall be completed for continued care following their transfer to, or placement in, other facilities or their release from custody." (Page 17)

c) This same policy also states, "Victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services." (Page 17)

d, e) N/A HCSC is an all-male facility.

g) All medical and mental health services are offered at no cost to the resident or perpetrator of sexual abuse per MDOC policy D1-8.13.

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for ongoing medical and mental health care for sexual abuse victims and abusers.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☐ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

HCSC has had no allegations of sexual abuse investigation during this reporting period.

a, b, c, d, e) MDOC policy D1-8.13 states, "Each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded. Debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry. The review team for offender sexual abuse events shall include the PREA site coordinator, and other upper level administrators, when applicable, with input from the shift supervisor, investigators, and medical or mental health practitioners, when applicable. A complete written report shall be prepared by the CAO or designee outlining in detail the findings of the debriefing sessions and recommendations for improvements utilizing the PREA sexual abuse debriefing form. The facility shall implement the recommendations for improvement or shall document its reasons why recommendations shall not be implemented. A copy of the debriefing shall be submitted electronically to the assistant director and the PREA manager. A copy of the report shall be filed in the institutional PREA event file." (Page 20)

Based on the evidence provided through policy and staff interviews, HCSC is found to have met the standard for sexual abuse incident reviews.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
☒ Yes ☐ No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
☒ Yes ☐ No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) ☐ Yes ☐ No ☒ NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC policy D1-8.13 states, "Annual Site Report: Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA manager by the last working day in March. The report shall include: identified problem areas, recommendations for improvement, corrective action taken, if recommendations for improvements were not implemented, reasons for not doing so, a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse, an evaluation of the need for camera and monitoring systems, in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to: the staffing plan, the deployment of video monitors, and the resource availability to adhere to the staffing plan. The yearly report shall be submitted to the division director and the department PREA manager no later than the last working day in March. The PREA manager shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 24, 25)

e) N/A Neither MDOC nor HCSC contracts for placement of inmates in their custody.

f) N/A DOJ has not requested agency data.

The Statewide PREA Coordinator reports, "Historically, the data needed to complete the annual Survey of Sexual Violence was collected in the Corrections Information Network [COIN] system. Beginning in

January 2019, the Department deployed our new database for investigations, the Investigative Report Intelligence System [IRIS] which is now the Department's data collection system for all investigations conducted within the Department."

The Auditor reviewed the 2016, 2017, and 2018 MDOC's PREA Annual Reports and the 2017 Survey of Sexual Victimization. In addition, the Auditor was provided copies of HCSC's 2019 PREA Annual Report.

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for data collection.

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a, b, c, d) MDOC policy D1-8.13 states, "The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the first of September. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

The Auditor reviewed the 2016, 2017, and 2018 MDOC's PREA Annual Reports and the 2017 Survey of Sexual Victimization. In addition, the Auditor was provided copies of HCSC's 2019 PREA Annual Report.

The PREA Site Coordinator reports, "Historically, the data needed to complete the annual Survey of Sexual Violence was collected in the Corrections Information Network [COIN] system. Beginning in January 2019, the Department deployed our new database for investigations, the Investigative Report Intelligence System [IRIS] which is now the Department's data collection system for all investigations conducted within the Department."

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for data review for corrective action.

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
☒ Yes ☐ No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) The Site Coordinator keeps all investigations, data tracking forms, monthly statistic reports secured in a locked file cabinet.

b) MDOC policy D1-8.13 states, "The department's annual PREA report shall be made available to the public on the department's internet website." (Page 25)

Auditor reviewed the MDOC 2015, 2016, 2017 and 2018 PREA Annual Report. These reports contained information on the progress the department made in the previous years in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

c) This same policy states, "The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety

and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited.” (Page 25)

d) According the Agency Records Disposition Schedule (Inspector General Section), this information is retained for five years, and then it is destroyed.

Based on the evidence provided through policy, staff interviews, and documentation review, HCSC is found to have met the standard for data storage, publication, and destruction.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? ☒ Yes ☐ No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) During the prior three-year audit period, MDOC ensured each of their facilities was audited at least once.
- b) This is the second year of the current audit cycle, MDOC ensured at least one-third of their facilities was audited during the first year of the current audit cycle.
- h) The auditor had access to, and the ability to observe, all areas of HCSC.
- i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information) needed to complete the audit.
- m) The Auditor permitted to conduct private interviews with inmates and staff.
- n) Residents were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. The Auditor did not receive and letters from HCSC residents.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, HCSC is found to have met the standard for frequency and scope of audit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

HCSC believes incarcerated individuals have the right to be free from sexual abuse and sexual harassment. This zero-tolerance culture is evident in the policies of the agency and the actions of HCSC leadership. HCSC leadership was quick to address concerns raised by the Auditor during the onsite portion of this audit. They were very open with the Auditor and wanted the Auditor's input. Staff was able to articulate the agencies coordinated response to sexual abuse and harassment.

Staff knew their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff was able to articulate the coordinated response to sexual abuse and harassment. They knew to separate the victim from the alleged perpetrator, secure the scene and to contact their supervisor. They stated that all reports would be documented by the end of shift. They also stated that if they received knowledge of someone being in imminent danger, they would immediately secure the safety of that individual. It is clear that there is a zero –tolerance culture at HCSC.

Interviews with administration completed and the results were positive and supported the zero-tolerance culture. Each knew their role and responsibilities as it pertains to PREA compliance and documentation. They articulated the coordinated response and the expectations that staff would follow all policies. Administrative staff was open to any suggestions the Auditor presented during the tour and the exit meeting.

Documentation provided in the pre-audit questionnaire was well organized and easy to read. HCSC

was found to follow all PREA standards.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Elisabeth Copeland

August 30, 2020

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.